EVANGEL UNIVERSITY

Student Financial Services
1111 N. Glenstone, Springfield, MO 65802
Phone: 417-865-2815 Fax: 417-575-5478

Pre-Authorized Credit/Debit Card Payment

Please note: A new form must be completed and returned each semester.

Student Name _____ ID # _____

MasterCard _____ Visa_____ Discover_____ American Express _____

Cardholder's Name_____

Card Number _____Expiration Date _____

Daytime Phone _____Email Address_____

Address where you receive credit/debit card billing statement:

Street Address_____

City_____State_____Zip_____

By signing this document, I am authorizing Evangel University to charge the payment amount listed to the credit/debit card above on a monthly basis for the semester selected below and to apply such amount toward the Student Account balance due for the above named student.

I understand and acknowledge that the following procedures will apply:

- The monthly payment amount authorized is for the following semester (initial one):
  - _____ Fall Semester: Financial registration, October, November and December.
  - _____ Spring Semester: Financial registration, February, March and April.
  - _____ Summer Term—Undergraduate: Financial registration; second payment the last day of the term.
  - _____ Summer Term—Graduate and Degree Completion: Financial registration, June, July and August.
- If the final semester payment is lower than the authorized amount, the payment amount will be amended without notification to me.
- If the final semester payment is higher than the authorized amount, I will be notified prior to the posting of the payment.
- Payments will be posted between the 10th and 15th of each month.
- This form is valid for the semester unless I cancel the authorization through written notice to Evangel University.

Monthly Payment Amount $_____

_____ _____

Signature of Cardholder **Date**

For Cashier Use Only

Date	Amount	Cashier