EVANGEL UNIVERSITY

Office of the Bursar
1111 N. Glenstone, Springfield, MO 65802
Phone: 417-865-2815 Fax: 417-575-5487

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 _____CVV Code_____

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, September, October & November
  - _____Spring Semester: Financial registration, February, March & April
  - _____Summer Term—Undergraduate: Financial registration & June
  - _____Summer Term—Adult/Graduate Studies: Financial registration, June, July & 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 15th and 20th 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