



Pre-Authorized Credit/Debit Card Payment Form

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 (check one):
 - Fall Semester
 - Spring Semester
 - Summer Term
- 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

Return to:
Evangel University
Office of the Bursar
1111 N. Glenstone Ave,
Springfield, MO 65802
Phone: 417-865-2815 ext. 7700
Email: Bursar@evangel.edu