

# Automatic Debit/Credit Card Charge Authorization



This authorizes automatic charges to my credit card by Southern Adventist University on the \_\_\_\_ day of each month. If the date is not specified, the charge will be made on the 18th of each month, or the first business day there after if the 18th falls on a weekend or holiday.

Amount to Deduct Monthly \$ \_\_\_\_\_

Student Name \_\_\_\_\_ ID# \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit Card # \_\_\_\_\_ Security Code (CSC) \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_

Visa     Master Card     Discover     American Express

Cardholder Phone Number (During Business Hours) \_\_\_\_\_

I acknowledge that in accordance with University policy signing up for a payment plan does not release an Official Transcript or my Diploma.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_

Monthly authorization will be kept on file.

You may rescind this agreement at any time by sending a written request to:

Student Finance • P.O. Box 370 • Collegedale, Tennessee 37315

For further assistance, call Kathy Davis at 423.236.2653 or email [kldavis@southern.edu](mailto:kldavis@southern.edu).

## FOR OFFICE USE ONLY

Month	Date	Amount	Receipt#	Cashier
August	_____	_____	_____	_____
September	_____	_____	_____	_____
October	_____	_____	_____	_____
November	_____	_____	_____	_____
December	_____	_____	_____	_____
January	_____	_____	_____	_____
February	_____	_____	_____	_____
March	_____	_____	_____	_____
April	_____	_____	_____	_____
May	_____	_____	_____	_____
June	_____	_____	_____	_____
July	_____	_____	_____	_____