

## 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.

### Contact Details

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Payment Details

**Amount to Deduct Monthly: \$** \_\_\_\_\_

Credit card number: \_\_\_\_\_ Exp: \_\_\_\_\_ Ccv: \_\_\_\_\_  
Name on card: \_\_\_\_\_

**Card Type**    ☐ Visa    ☐ Master Card    ☐ Discover    ☐ American Express

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***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 Ginger Cheney at 423.236.2535 or  
email [billing@southern.edu](mailto:billing@southern.edu)***

### **FOR OFFICE USE ONLY**

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