MONTHLY CREDIT CARD PAYMENT AUTHORIZATION

Northwestern Theological Seminary / FAX: 1-727-213-9081

Instructions: Fax the completed and signed form. Print information clearly.

Applicant/Student Number: _____

Card Holder's Name: _____
(PRINT as it appears on credit card)

Billing Address: _____
_____
(Include City & Zip Code)

Phone Number: _____ **E-Mail Address:** _____

Card Type: VISA MASTERCARD
(Circle One)

******Note: We do not accept American Express or Discover******

Credit Card Number: _____ - _____ - _____ - _____
(16 digits)

Expiration Date: ____/____ **Card Verification Number**: _____
(Month / Year) (Last 3 digits on back of card)

Authorized Monthly Charge Amount: $ _____
(U.S. Currency)

Monthly Payment Charge:

This form is to be used to establish a monthly payment charge for students who have chosen Option B (Monthly Payment Plan). The monthly charge will take place on or about the 15th of every month for the amount agreed to above, until the balance of the student account has been paid.

By the signature listed below, I hereby authorize Northwestern Theological Seminary to charge my credit card for the amount listed above on the 15th of every month until payment in full of my student account.

Authorized Signature: _____

Date: _____