

STUDENT INFORMATION

LAST Name: _____
FIRST Name: _____ M.I. _____
Student I.D. #: _____
Student Email: _____

Automatic Payment Plan Authorization Form



GUIDELINES

- A payment will be deducted on an on-going basis until the student gives written notification of termination of this payment plan authorization to the Business Office or until the end date listed below.
- Debit/Credit card transactions resulting in declination of the card will be attempted again for 5 consecutive days. If not approved within 5 days, the student account will be subject to \$30.00 service charge and possible termination of the plan.
- Notifications of declined payments will be directed to the student via e-mail.
- A returned ACH transaction will result in a \$30.00 service charge to the student account. An additional \$5.00 will be charged on an ACH transaction that is returned unauthorized. Two returned transactions may result in plan termination with payment due in full.
- There will be a \$1.50 convenience fee for all ACH transactions (using routing and account numbers)
- When using credit or debit cards for payments, there will be a 2.5% convenience fee charged for each transaction (or a \$2.00 minimum)
- Any changes to the payment plan must be made at least 5 days prior to the payment date. One change is allowed per semester. After that, a \$20.00 fee per change is applied.
- Any unpaid balance after completion and/or termination of this payment plan is the responsibility of the student.
- Payment only accepted via credit/debit card or from a US bank account.

STEP ONE

Instructions: Choose a payment method and complete form below. **PLEASE PRINT LEGIBLY**

PAYMENT METHOD

Credit/Debit Card: (circle one) Visa MasterCard Discover American Express

Charged on the 15th or last day of month (circle preferred withdrawal date)

Card #: _____ Expiration Date: _____

ACH—Attached Voided Check or list routing/account number (circle a withdrawal date): 15th Last day of month

Routing #: _____ Account #: _____

PLAN INFORMATION

*Business office use only

Balance: Fall \$ _____ Spring \$ _____

Plan Length: _____ months per semester Monthly Payment: \$ _____ fall \$ _____ spring

Beginning: _____, 20____ and ending: _____, 20____

This plan will remain in effect for both fall & spring 2017-2018

STEP TWO

Account Holder Information (Required for both credit/debit & ACH transactions)

Name of Account Holder: _____

Address of Account Holder: _____

Phone # of Account Holder: _____ Email of Account Holder: _____

STEP THREE

I give permission to the business office at Missouri Valley College to process a monthly payment from the listed account, to be applied to the above named student account, as per the information provided. I have read and understand the guidelines listed above. I understand that if my account is placed with a collection agency, I am responsible for all additional collections expenses.

Student Signature: _____ Date: _____

Account Holder Signature: _____ Date: _____

(if person other than student)

Business Office Approval: _____ Date: _____