

## STUDENT INFORMATION

LAST Name: \_\_\_\_\_  
FIRST Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
Student I.D. #: \_\_\_\_\_  
Parent Email: \_\_\_\_\_

# Automatic Payment Plan Authorization Form



## GUIDELINES

- A payment will be deducted on an on-going basis until parent gives written notification of termination of this payment plan authorization to the Business Office.
- Notifications of declined payments will be directed to the parent e-mail.
- A returned ACH transaction will result in a \$30.00 service charge to the 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.
- Any unpaid balance after completion and/or termination of this payment plan is the responsibility of the account holder.
- 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 1st, 15th or last day (circle preferred withdrawal date) of each month  
Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ 3 Digit CVC Code: \_\_\_\_\_
- ACH—Attached Voided Check (circle a withdrawal date) 1st 15th Last day of month  
Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

## 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.

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

Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if different than above)

Business Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_

