



# Automatic Payment Consent Form

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

I hereby authorize Iowa Wesleyan University to charge the credit card account indicated below the following amount, on the 15<sup>th</sup> of each month (July 2018 through April 2019). Please enter the amount from Section 4 of your Monthly Payment Planner form:

\$ \_\_\_\_\_

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### Credit/Debit Card Consent

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ (mm/yy)

CVC \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

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

I hereby authorize Iowa Wesleyan University to charge the account listed above on the 15<sup>th</sup> of each month (July through April) in the amount indicated above.

I understand that these payments will continue until payment is made in full, or until I change to automatic checking account deduction. I agree to notify the university promptly if there is a change to my account or card information.

Please note that your credit/debit card information will be maintained in secure electronic form and any paper records of your card information will be destroyed.

There will be a \$30 charge for returned charges.

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

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