

**Online Students - Automatic Credit Card Payment Consent Form**

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

I hereby authorize Iowa Wesleyan University to charge the credit card account indicated below in the amount of \$ \_\_\_\_\_ on the 15<sup>th</sup> monthly as noted:

Fall A Session: July and August      Fall B Session: September and October

Spring A Session: December and January      Spring B Session: February and March

Summer Session: April and May

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**Credit/Debit Card Consent**

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

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

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

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

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 corresponding to my Session registrations, in the amount indicated above.

I understand that these payments will continue until payment is made in full, or if I wish to change to automatic checking account deduction or if there is a change to my account 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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