

**Iowa Wesleyan University**  
**Automatic Credit Card Payment Authorization**

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

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**Credit/Debit Card Consent**

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

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

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

Card Billing Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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

I hereby authorize Iowa Wesleyan University to charge the above-listed credit card or debit card account the following amount on the 15<sup>th</sup> of each month or last day of each month for the months July 2021 through April 2022.

Please enter the amount from Section 4 of your Monthly Payment Planner form:

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

I understand that these payments will continue until payment is made in full, or until I change to automatic checking account (ACH) 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.

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

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