

Iowa Wesleyan University
Automatic Credit Card Payment Authorization

Student's Last Name _____ First Name _____

Credit/Debit Card Consent

Card Number _____ Exp Date ____/____ (mm/yy)

CVC _____ Visa _____ MasterCard _____ Discover _____ American Express _____

Cardholder's Name _____

Card Billing Address: _____

Zip Code _____ Phone Number _____

I hereby authorize Iowa Wesleyan University to charge the above listed credit card or debit card account the following amount on the ____15th of each month or ____ the last day of each month for the months July 2022 through April 2023.

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.

Cardholder Signature: _____ Date: _____

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