

Student Name: _____ **Phone#:** _____
Student ID#: _____

CREDIT/DEBIT CARD AUTHORIZATION:

Please complete the information below and return this form to the Business Office.

I, _____ hereby give permission to Saint Mary of the Woods College Business Office to debit my credit/debit card in the amount \$ _____ weekly/bi-weekly/monthly/one time payment (circle one) each month starting on _____ (date) to be credited to _____ (Student name) tuition account.

VISA * MASTER CARD * DISCOVER (circle one)

_____ - _____ - _____ - _____ Expiration date ____/____

Name on card (please print) _____

Parent/Student signature _____ **date** _____

-OR-

ACH PAYMENT AUTHORIZATION:

Payments can be automatically deducted from your checking or savings account by authorizing an ACH (automated clearing house) charge from your account. Please complete the information below and return to the Business Office.

Bank Name _____

Bank Routing or ABA number _____

Checking account # _____ or Savings account # _____

Name on account _____

Amount to be debited \$ _____ weekly/bi-weekly/monthly/one time payment (circle one)

I have read the above information and give my authorization:

Parent/Student signature _____ **date** _____

**Please return form to: Business Office 233 Guerin Hall
St. Mary of the Woods, In 47876**