

Andrews University
 Student Financial Services-Collections
 'AUtocharge'

Andrews University Account Information

Student's Name		AU ID #	
Student's Name		AU ID #	
Student's Name		AU ID #	

Credit Card Information

Account Type	<input type="checkbox"/> Credit <input type="checkbox"/> Debit (must have Mastercard or Visa symbol, please confirm with bank if there is a daily charge limit)		
Cardholder			
Card Numbers			
Expiration Date			
Contact Info	<input type="checkbox"/> Phone number _____ <input type="checkbox"/> Email address _____		

'AUtocharge' Processing Time

Start Charge Date	
End Charge Date	

Payment Dates & Amounts

<input type="checkbox"/> First Friday of each month	ID1:	ID2:	ID3:
	\$:	\$:	\$:
<input type="checkbox"/> Third Friday of each month	ID1:	ID2:	ID3:
	\$:	\$:	\$:
<input type="checkbox"/> Other _____	ID1:	ID2:	ID3:
	\$:	\$:	\$:

I, _____, do authorize the Andrews University Collections Department to charge my credit card on a monthly basis for the amount stipulated above. This amount will be applied to my student account to decrease my debt to the University.

I further understand that if I do not contact the Collections Department asking them to suspend payments for a given time period and a charge does go through, the Collections Department is in no way responsible for any credit card interest charges for that month.

My signature below denotes my understanding of the above terms and the authorization to charge.

► Signature _____ Date _____

Complete the above authorization form. Make a copy for your records. To discontinue 'AUtocharge', please contact the SFS Collections Manager at 269-471-3593. Please allow sufficient processing time (minimum 5 business days) to cancel this plan in whole or in part.