

Credit Card Authorization

2012-2013 School Year

Please complete this form **only** if you would like us to automatically bill your credit card.

**MOUNT ST. MARY'S UNIVERSITY
EMMITSBURG, MD 21727**

Cardholder's Name _____

Cardholder's Home Address _____
Street City State Zip Code

Home Telephone _____ Work Telephone _____

Parent's Cell Phone _____ Student's Cell Phone _____

Student's Name _____

Student's ID# _____

The undersigned authorizes Mount St. Mary's University to charge

(Please check one)
 DISCOVER VISA MASTERCARD AMERICAN EXPRESS

Credit Card Account Number _____ Exp. Date _____
3 digit Number on back of Card _____

The minimum monthly amount due for **tuition, room, board** and all **incidental** charges for the above named student on the dates as follows:

OPTION I First Semester Second Semester
July 15, 2012 December 15, 2012
August 15, 2012 January 15, 2013
September 15, 2012 February 15, 2013
October 15, 2012 March 15, 2013
November 15, 2012 April 15, 2013

OPTION II Bill the full Semester at one time
July 15 - 1st Semester
December 15 - 2nd Semester

(And)

Yes, I would like monthly incidental charges applied to my credit card.

This authorization is valid until Mount St. Mary's University has been advised in writing to the contrary.

Cardholder's Signature

Date

NOTE
On the last day of each month, a finance charge at the rate of 6% per annum will be assessed on an amount consisting of the unpaid balance on your account as of the end of the immediately preceding month less any credits applied and payments made in the current month.