

Credit Card Authorization

2009-2010 School Year

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

**MOUNT SAINT MARY'S UNIVERSITY
EMMITSBURG, MD 21727**

Cardholder's Name _____

Cardholder's Home Address _____

Home Telephone _____ Work Telephone _____

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

Student's Name _____

Student's ID# _____

The undersigned authorizes Mount Saint 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 is as follows:

- | | | | | |
|--|------------------------------|-------------------------------|---|--|
| <input type="checkbox"/> OPTION I | <u>First Semester</u> | <u>Second Semester</u> | <input type="checkbox"/> OPTION II | <u>Bill the full Semester at one time</u> |
| | July 24, 2009 | December 22, 2009 | | July 24 - 1 st Semester |
| | August 25, 2009 | January 25, 2010 | | December 22 - 2 nd Semester |
| | September 25, 2009 | February 25, 2010 | | |
| | October 23, 2009 | March 25, 2010 | | |
| | November 23, 2009 | April 23, 2010 | | |

(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.