

Credit Card Authorization

2007-2008 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 SSN _____ 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 _____

Plus 3 digit Security # 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 25, 2007 | December 19, 2007 | | July 25 - 1 st Semester |
| | August 24, 2007 | January 25, 2008 | | December 19 - 2 nd Semester |
| | September 25, 2007 | February 22, 2008 | | |
| | October 25, 2007 | March 26, 2008 | | |
| | November 20, 2007 | April 25, 2008 | | |
| | | May 23, 2008 Any incidental balance | | |

(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 of your account as of the end of the immediately preceding month less any credits applied and payments made in the current month.