

Automatic Payment Agreement

Submission of this request authorizes Friends International Christian University to automatically process a monthly payment. The payment amount indicated below will be processed within five to seven working days of the date specified on this form. Any changes in credit card information, payment date, amount, or any other part of this agreement should be submitted in writing and will require the approval of the Executive Director.

A payment that is declined will be subject to a \$25.00 late fee if the 30 day payment period has expired. Please contact the Executive Director directly if extenuating circumstances exist for a given payment period.

Student Name _____

Mailing Address _____

Home Phone _____

Day Phone _____

Email Address _____

Including your email address will provide a simple way for FICU to notify you of any difficulties with your monthly payment.

Credit Card Type _____

Credit Card Number _____

Expiration Date _____

Monthly Payment Amount _____

Processing Date 20th _____

Please allow 5-7 working days from this date for the payment to be processed

Signature _____

Date _____