

**Friends International Christian University
Automatic Credit Card Billing Authorization Form**

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charge will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us in writing or by selecting the one time payment option.

Customer Information (To be completed by FICU)

Customer Name: _____

Phone (please include area code first): _____

Payment Information (To be completed by FICU)

I authorize Friends International Christian University to automatically bill the card listed below as specified:

Amount: \$ _____ **Begin billing on date:** _____

Frequency: One Time Weekly Bi-Weekly Semi-Monthly Monthly

End billing: Payment in full Customer provides written cancellation Date: _____

Credit Card Information (To be completed by Customer)

Friends International Christian University accepts the following credit/debit cards: **Visa, MasterCard, American Express and Discover**. All information listed below is required to process the automatic payment.

Credit Card Type: _____

Credit Card Number: _____ **Expires (month/year):** _____

Cardholder's name: (as it appears on your card): _____

Billing Address (Street City State Zip): _____

Cardholder's Signature / E-Signature: _____

Date: _____