

**Student Name** \_\_\_\_\_ **ID#:** \_\_\_\_\_

Please provide the following account information. Multnomah will process your payment on the (please choose one)  10<sup>th</sup>  15<sup>th</sup>  25<sup>th</sup> of the month.

**Credit Card Authorization**

**Card Holder's Name:** (please print) \_\_\_\_\_

Discover  Visa  American Express  MasterCard

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date \_\_\_\_\_



**Electronic Funds Transfer (EFT)**

\_\_\_ Checking \_\_\_ Savings

**Name on Account** (please print) \_\_\_\_\_

Bank Name \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Authorization**

I authorize my financial institution to transfer my payment as indicated above to Multnomah University. This authorization remains in effect until either Multnomah receives written notice of termination or payment plan is paid in full.

**Please attach a voided check**

\*Payment cannot be activated without a voided check