

Dear Trinity Student,

Warmest Christian greetings! In today's world there are so many financial responsibilities to keep track of that sometimes it's almost overbearing. Here at Trinity, it is our desire to help make your studies as easy and well organized as possible. In the area of finances, we offer the convenience of "Auto-pay" on your credit or debit card which helps you by eliminating the worry of remembering to call your card number in or sending a check each month. **Your minimum payment due will be charged directly to your card between the 20th and the 25th of the month** and will show on your Trinity billing statement as well as your credit card statement. This is an easy and accurate way to handle your account.

By completing the Authorization for Automatic Monthly Payment form below and returning it, you may take advantage of this convenience. Your monthly billing statement will show your tuition charge, accrued interest (if applicable) on the unpaid balance, and any additional charges that have been made to your account during the previous month. It will also include any unpaid carry-over balance from previous billing periods.

Your credit card will be given two opportunities to clear. If your credit/debit card declines for three consecutive months, you will automatically be removed from the "Auto-pay" program. Upon notification it is your responsibility to make other monthly payment arrangements.

When you receive your billing statement, please remember that it is for the past monthly's activity. **If you elect to use "Auto-pay" you will not need to send a monthly payment. If you send in a payment, it will not replace the autocratic monthly payment but be counted as an extra payment.** If you have any questions concerning your account, please feel free to contact the Finance Department at (812) 858-3233 or by fax at (812) 858-3242, and we will be happy to assist you.

*** (if at any time you wish to withdraw from the "Auto-pay" program you must submit a written request to our office. It must be received in our office prior to the 20th before the processing of "Auto-pay" begins.*

Authorization for Automatic Monthly Payment For International Students

(American Express/MasterCard/Visa)

Name: _____ ID Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Card Type (Please Circle One)

American Express

MasterCard

Visa

Card Number:

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-

Expiration Date: ____/____

Security Code: ____

(Last 4 digits on back of card for American Express and Last 3 for MasterCard and Visa)

Signature: _____

If your billing address on your credit card is different than above,
please fill in the billing address below:

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____