

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 on the date selected below** 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 month'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 automatic 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) 853-0611 or by fax at (812) 858-6403, 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 9<sup>th</sup> before processing of "Auto-pay" begins.**

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**AUTHORIZATION FOR AUTOMATIC MONTHLY PAYMENT  
(VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS)**

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

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

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

SELECT AN AUTOPAY DATE:    15<sup>th</sup> of the month         28<sup>th</sup> of the month

PLEASE CHECK ONE:        Debit Card         Credit Card

VISA     MASTERCARD     AMERICAN EXPRESS     DISCOVER

CARD NUMBER                    

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EXP. DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_                    SIGNATURE: \_\_\_\_\_

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

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

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