

AUTOMATIC PAYMENTS FORM

Please fill out credit card and/or bank information for automatic payments as needed.

Automatic Payments

Yes, I wish to set up automatic bank withdrawal payments on credit card

I hereby authorize my bank or credit card company to charge my account, payable to Luther College, in the amount of \$_____

Please do this every month quarter semi-annual

Begin on (month/year)_____ end on (month/year)_____ continue until further notice

Signature Date

Name _____

Address _____

City _____ State _____ ZIP _____

Credit Card Information

VISA MasterCard American Express

Account number Date

Name as it appears on card

Signature

Bank Information

Please enclose a voided check or a check for the first payment which will be used to initiate the transfer.

Name of Bank

Address of Bank

City State Zip

**LUTHER
COLLEGE**