

Credit Card/Debit Authorization Form

Please complete this authorization form and return it to us. All information will remain confidential.



BAU
Bay Atlantic
University

Name of Student: _____

Last Name

Middle Name

First Name

Application Number or Student ID Number: _____

Billing Information:

Billing Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Card Information:

VISA MASTER CARD AMERICAN EXPRESS DISCOVER

Cardholder Name: _____

(as it appears on the card)

Card Number: _____

Expiration Date: _____ Card Identification Number: _____
(MM) (YYYY) (last 3 digits on the back of the credit card)

Payment Description: _____

Total Amount to Charge (for one-time payments): \$ _____

I authorize Bay Atlantic University to charge the agreed amount listed above to my credit/debit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Credit/Debit Card Holder Signature _____

Date ____/____/____

Credit Card/Debit Recurring Payment Authorization Form

Please complete this authorization form and return it to us. All information will remain confidential.



BAU
Bay Atlantic
University

Select one of the following options by ticking the parentheses so your credit/debit card will be automatically debited every semester you register at Bay Atlantic University. For details on the payment options and amounts, please visit the Finance office or <https://bau.edu/tuition-fees>.

() I would like to make Upfront Payments (Pay your tuition and fees in full at the beginning of each semester. (5% discount will be applied to your tuition!))

() I would like to enroll in a Payment Plan (Pay each semester's tuition in installments with no added interest. You can check the installment dates for each academic year on the academic catalog or the webpage.)

Name of Student: _____

Last Name

Middle Name

First Name

Application Number or Student ID Number: _____

Billing Information:

Billing Address: _____

City, State, Zip: _____

Phone #: _____ Email: _____

Card Information:

() VISA () MASTER CARD () AMERICAN EXPRESS () DISCOVER

Cardholder Name: _____

(as it appears on the card)

Card Number: _____

Expiration Date: _____ Card Identification Number: _____

(MM)

(YYYY)

(last 3 digits on the back of the credit card)

I understand that if I select the payment plan option, my Credit/Debit Card will be charged 40% of the semester balance for the first installment during the semester course registration dates, 35% of the semester balance for the second installment, and 25% of the semester balance for the third installment in the second and third months after the semester starts.

I authorize Bay Atlantic University (BAU) to make recurring charges to my Credit/Debit Card listed above. I understand that this authorization will remain in effect until Bay Atlantic University has received written

notification from me about any changes in my account information or termination of this authorization. Written notice must be received by BAU at least seven (7) days prior to the recurring charge date to cancel the next payment. If the above- noted payment dates fall on a weekend or holiday, I understand the payments may be executed on the next business day. I acknowledge that the origination of Credit/Debit Card transactions in my account must comply with the provisions of U.S. law.

I certify that I am an authorized user of this Credit/Debit Card and will not dispute these scheduled transactions so long as the transactions correspond to the terms indicated in this authorization form.

I agree to the terms and conditions of BAU debit/credit card recurring payment authorization form, which is also in compliance with my card issuer.

Credit/Debit Card Holder Signature: _____

Date: ____/____/____