



AUTOBILL Authorization Form
 (Please fill out completely; all information is **required**.)

Student Name: _____

Student SEU ID# or Social Security #: _____

Cardholder Name: _____

Cardholder Address: _____

City, State, Zip: _____

***Cardholder Home Phone #:** _____

***Cardholder Work/Alternate Phone #:** _____

***Cardholder E-mail Address:** _____

* Information will only be used to notify cardholder if charge is declined.

Credit Card Number: _____

Credit Card Expiration Date: _____ **Credit Card Identification Number:** _____

(MasterCard, Visa, Discover: 3 digit number on back of card;
 American Express: 4 digit number of front of card)

THIS FORM MUST BE SUBMITTED EACH YEAR AND COVERS SUMMER, FALL, AND SPRING SEMESTERS.

By completing and signing this form, you agree to the AUTOBILL Program Terms.

 (Cardholder signature)

 (Date of signature)

MAIL COMPLETED FORM TO: Student Financial Services
 St. Edward's University
 3001 S. Congress Ave.
 Austin Texas 78704-6489

OR FAX TO: 512-416-5837

OFFICE USE ONLY:
 Reminders _____
 Contacts _____
 Address _____
 Excel _____



AUTOBILL Program Terms

(Please keep for your records.)

- The AUTOBILL program is only for Monthly Arrangement Payment Plan (MAPP) contract payments.
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- By signing this form, you authorize ST. EDWARD'S UNIVERSITY to bill your MAPP contract payments to your credit card.
- By signing this form, you are authorizing ST. EDWARD'S UNIVERSITY to finance the semester's balance of tuition and fees (minus any financial aid and credits) with a MAPP contract, using the maximum number of payments allowed at the time the form is submitted. Number of payments varies from 2 to 5.
- This authorization is valid for one award year (i.e., summer, fall, and spring). It must be resubmitted every year if you wish to continue using the AUTOBILL program.
- You may cancel this authorization at any time by calling 512-416-5887.
- You authorize ST. EDWARD'S UNIVERSITY to bill your credit card for any past due MAPP contract payments owed for the current semester at the time form is submitted plus any currently due MAPP contract payments (for the award year covered by the form).
- You agree to notify ST. EDWARD'S UNIVERSITY if your card is lost or stolen, and to provide new, valid information by calling 512-416-5887.
- We reserve the right to cancel this authorization if:
 - Charge is declined for two or more consecutive months.
 - You fail to provide new, valid information if your card is lost or stolen.
 - You choose not to use the AUTOBILL program for one long semester (i.e. fall or spring; does not apply to semesters in which student receives financial aid after a MAPP contract was created).