



William Howard Taft
— U n i v e r s i t y —

CREDIT CARD CHANGE REQUEST FORM

If you would like to have monthly installments charged to a different credit card, please provide the new information below and send this form to the Administrative Office.

Monthly Tuition Payment:

Student authorizes the credit card below to be charged for future monthly installments to be processed on the first day of each month. The changes are effective starting _____, 201___. Until this date, the card the University has on file will be used for monthly processing.

Type of Credit Card (Circle/Underline): MasterCard® Visa® Discover® American Express®

Credit Card Number #: _____ Card Security Code: _____

Expiration Date: _____ Name As It Appears On Card: _____

Cardholder's Signature

Cardholder's Billing Address

Print Cardholder's Name

Any future changes to this arrangement must be made to William Howard Taft University in writing at least 10 working days prior to the next scheduled tuition processing date.

Student Signature

Student ID #

Date

Print Student Name