



CREDIT CARD AUTHORIZATION FORM

I authorize Knox Theological Seminary, Inc. to make charge(s) to my credit card in order to pay for tuition and all published fees as billed by the Seminary for classes in which I enroll. No other charges will be made without my written permission. I understand this authorization remains in effect until and unless I terminate the agreement in writing and receive written confirmation of the termination from Knox Theological Seminary, Inc. I agree that Knox Theological Seminary, Inc. may charge my account for any and all tuition and published fees related to courses in which I enroll, unless a substitute financial method is provided by me prior to matriculation and confirmed in writing by Knox Theological Seminary, Inc.

Student Name: (Please Print) _____

Anticipated Start Date: _____

Please check one: Residential Online

Please check one: Pay-as-you-go Split Payments

Please check one: Doctor Master Certificate Audit Other

CARD INFORMATION

VISA MasterCard Discover American Express

Card Number: _____ Expiration Date: _____

CVC Code (three-digit number on back of card or four-digit Amex on front): _____

Name as it appears on card: _____

Billing Address: _____

Address line 2: _____

City: _____ State _____ Zip _____

Email: _____

Signature: _____ Date: _____

Please note: a 2.5% convenience fee will be added to credit card payments.

Please send the completed form back to:
studentaccounts@knoxseminary.edu