

Office of Student Accounts Traditional Program

AUTOMATED BILLING FORM

To enroll in automated billing for your student account, complete steps 1 - 3:

1. Complete the authorization below:

| Student Name (Please Pri | nt) Student ID |
|--|---|
| | |
| I, Print Name of Account Holde | , hereby authorize Southern Wesleyan |
| Finit Name of Account Holde | 51 |
| University to automatically charge \$ | every (Month/Week/Days) |
| beginning until Date | the student account is paid in full. |
| Account Holder's Signature: | |
| Phone Number: | Date: |
| Email Address: | Last 4 digits of card: |
| 2. Return completed form to: Mail: Southern Wesleyan Univers | |
| PO Box 1020 – SWU Box 1 Central, SC 29630 | 866 Email: studentaccounts@swu.edu |
| | 44-5520 to make your first payment using a card or bank account will be charged as |

For your protection, please do not send credit card or bank account information by mail or email. You may cancel your authorization by written notice sent via mail or fax.

indicated above until your balance is paid in full.