

## **ADMINISTRATION & FINANCE** *Bursar Office*

## **CREDIT CARD AUTHORIZATION FORM**

☐ One-time ☐ Recurring ☐ Cancellation	
Schedule your payment to be automatically deducted from your Visa, MasterCard, American Express or D Card.	iscove
How One Time Payments Work: You authorize a one-time charge to your credit card.	
How Recurring Payments Work: You authorize monthly scheduled charges to your credit card.	
Please complete the information below:	
I, authorize the University of Guam to debit my credit card	
as indicated below for \$ to start on the 30th of every month. Effective the	
month of This payment will credit  Month and Year  Student's Name and ID#	
for the following semester(s) Ex: FA16/SP17	
♦ Total amount paid from scheduled payments \$	
Phone# Email	
Credit Card Account Information	
□ Visa □ Master □ Amex □ Discover	
Card Holder's Name Billing Address	
Card Number City, State, Zip	
Expiration Date	
A receipt for each payment will be emailed to you.	
SIGNATURE DATE	

I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify the University of Guam's Bursar's Office in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a rejected ACH Transaction or a denied credit card charge for Non-Sufficient Funds (NSF), I understand that UOG may at its discretion attempt to process the charge again within 5 days, I agree to an additional \$25.00 fee for each attempt returned NSF. This fee will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Form 5001

T: +1 671.735.2940/2945 F: +1 671.734.2907 W: www.uog.edu Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96923