



Business Office Tuition Payment Plan

Please indicate the payment plan you will use for paying tuition, room/board, and fees for the fall semester. **To avoid having the student's registration and/or housing assignment withdrawn, complete and return this form to the Business Office by July 29, 2024.** Official Grade Transcripts for a student transferring from Bethany Lutheran College at the end of any term will not be sent until the account is paid in full, nor will a student be conferred with a degree unless the account is paid in full. If you have questions, please contact the Business Office at 507-344-7304.

Student Name: _____ Student ID#: _____ Date: ____ / ____ / ____

PLAN I: Self-Pay online/Mail in payment/Pay at Business Office window (please circle one)

Total Amount Paid for Fall Semester \$ _____ Other Details: _____

Full payment for the fall semester must be completed by August 12th. All funds must be drawn from a USA bank. There will be a 3% fee added to credit card payments.

PLAN II: AUTOMATIC PAYMENT PLAN - AUTHORIZATION FOR AUTOMATIC PAYMENT

Total Amount for Fall Semester paid in full on August 12, 2024 \$ _____ (no processing fee)

OR

Financed for Fall Semester: \$ _____ + \$25 = \$ _____ divided by 3 Months = \$ _____ Monthly Withdrawal

Please round up if payment doesn't come out equally; we will adjust the 3rd payment down for you. Payments are made automatically from your checking or savings account from any USA bank directly to Bethany Lutheran College's account. This is done over a three-month period beginning in August and ending in October. Finance charges will not accrue on this plan unless a payment is late. However, there is a non-refundable \$25 processing fee per semester for the plan. If any balance remains outstanding after the October payment, a statement will be emailed to you for a final payment due by November 10th. If you have extenuating circumstances that prevent you from paying over three months, you may file an appeal with the Business Office.

COMPLETE THE AUTHORIZATION BELOW AND ATTACH A VOIDED CHECK

I authorize Bethany Lutheran College and the bank named below to initiate entries to my checking/savings account for the months indicated below. I can stop payment of any entry by notifying my bank 3 days before my account is charged. I can have the amount of an erroneous charge credited to my account up to 15 days following issuance of my bank statement or 60 days after posting, whichever occurs first. Date of the first withdrawal is August 12th.

Name of Financial Institution

Payer Signature

Date

Street Address of Financial Institution

Payer Name – please print

City State Zip

Payer E-mail Address

Bank Routing (ABA) Number (9 digits)

Checking Account Number

Savings Account Number

ACH Payments will be processed August 12, September 10, and October 10, 2024.

ATTACH VOIDED CHECK HERE

PLAN III: CREDIT CARD PAYMENT PLAN

Bethany Lutheran College will accept your credit or debit card for payment of a student’s tuition and other educational expenses. This can be done in two ways. You can pay the entire amount due for the semester plus a 3% credit card fee by August 12th with no added processing fees or finance charges. You can also choose to pay for the semester in three equal installments, beginning August 12th and ending October 10th for a \$25 per semester (non-refundable) processing fee plus a 3% credit card fee. **If using a debit card, check with your bank on your transaction limit.** Finance charges will not accrue on this plan unless a payment is late. If you have extenuating circumstances that prevent you from paying over three months, you may file an appeal with the Business Office. Please make your choice below:

Total Amount for Fall Semester Charged to Credit/Debit Card on August 12, 2024: \$ _____ + 3% credit card fee

OR

Amount Financed by Credit/Debit Card for Fall Semester \$ _____ + \$25 = \$ _____ divided by 3 Months =

\$ _____ + 3% credit card fee will be charged to the account on August 12, September 10, and October 10, 2024. If the amount doesn’t come out equally, please round up and we will adjust the final payment down for you.

To process your payment please enter the information below:

Student Name – please print _____

Student ID Number _____

Payer Name – please print _____

Payer Signature _____

Payer Phone Number _____

Payer E-mail Address _____

Name on Card: _____

Expiration Date of Card: _____

Type of Card (check one): VISA MASTERCARD DISCOVER



Account Number: _____
(16 digits)

Card Security Code (3 or 4 digits): _____

This portion of the form will be shredded after your account is set up in accordance with Payment Card Industry Security Standards.

**PLEASE RETURN THIS FORM TO: BETHANY LUTHERAN COLLEGE
BUSINESS OFFICE
700 LUTHER DRIVE
MANKATO, MN 56001-6163**

(507) 344-7304

Business Office Use:

F/C _____

Spreadsheet _____

PPF _____

Bank _____