



Business Office Tuition Payment Plan

Please indicate the payment plan you will use for paying tuition, on-campus living expenses and fees for the fall semester. **To avoid having the student's registration and/or on-campus living withdrawn, complete and return this form to the Business Office by July 28, 2025.** Payment plans are completed over three months. If you have extenuating circumstances that prevent you from paying over three months, you may file an appeal with the Business Office. If you have questions, please contact the Business Office at 507-344-7304.

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

☐

PLAN I: Pay Online - if not paid in full by August 11, 2025, you may accrue finance charges

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PLAN II: Pay at Business Office window - if not paid in full by August 11, 2025, you may accrue finance charges

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PLAN III: AUTOMATIC PAYMENT PLAN - AUTHORIZATION FOR AUTOMATIC PAYMENT

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

Please round up if the payment doesn't come out equally; we will adjust the final 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. Returned ACH payments will be charged a \$10 return fee. If any balance remains outstanding after the October payment, it will be due by November 10th.

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 11th.

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 11, September 10, and October 10, 2025.

**PLAN IV: 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. There is a 3% fee to use a credit or debit card. This can be done in two ways. You can pay the entire amount due for the semester by August 11th. Or, you can choose to pay for the semester in three equal installments, beginning August 11th and ending October 10th, for a \$25 per semester (non-refundable) processing fee. Finance charges will not accrue on this plan unless a payment is late or declined. If any balance remains outstanding after the October payment, it will be due by November 10th. **If using a debit card, check with your bank on your transaction limit.** Please make your choice below:

Total amount for Fall Semester charged to Credit/Debit Card on August 11, 2025: \$_____ + 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 11, September 10, and October 10, 2025. Please round up if the payment doesn't come out equally; 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 _____