



The UNIVERSITY of
WEST ALABAMA

-Campus School-

Date	
Card Holder Name	
Billing Address	
City, State, ZIP	
Phone	

Type of Payment	VISA		American Express		MasterCard		Discover (CREDIT ONLY)	
Card Number								
Expiration Date	____/____/____							
CVC Code								

Student Name	
Tuition Amount	\$_____
Lunch Amount	\$_____
Subtotal	\$_____

Student Name	
Tuition Amount	\$_____
Lunch Amount	\$_____
Subtotal	\$_____

Total Amount	\$_____
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I hereby authorize the University of West Alabama to charge my credit card for the amount above. Should the credit card company refuse this transaction for any reason, I will be held personally responsible.

UWA Business Office | Station 2 | Livingston, Alabama 35470 | stuacct@uwa.edu | 205-652-3542

Signature	
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If you would like for the UWACS Director to send this form to the UWA Business Office on the first business day of each month, please sign again on the line below. If not, you will need to submit a new form each month.

If there are any rate changes, etc. the UWACS Director will notify you prior to processing payment.

Signature Approving Recurring Monthly Payments	
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