

**CENTRAL CHRISTIAN COLLEGE OF KANSAS**  
**P.O. Box 1403, 1200 South Main Street**  
**McPherson, KS 67460**

**PAYMENT PLAN**

Electronic Payment Authorization Form

STUDENT INFORMATION			
Name:			
Phone Number:			
Email:			
Street Address:	City:	State:	Zip:

PAYOR INFORMATION: <input type="checkbox"/> Same as Student Information			
Name:			
Phone Number:			
Email:			
Street Address:	City:	State:	Zip:

PAYMENT PLAN	
Total Amount of Plan:	Start Date:
Number of Payments: <input type="checkbox"/> 6 (Six) <input type="checkbox"/> 12 (Twelve) <input type="checkbox"/> Other _____	End Date:
Frequency of Payments: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	Payment Amount:

PAYMENT INFORMATION	
<input type="checkbox"/> Charge My Bank Account	<input type="checkbox"/> Charge My Credit Card
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Bank Name:	Name on Card:
Name on Account:	Card Number:
Routing Number:	Expiration Date:
Account Number:	3-Digit CVV Code:

SIGNATURE AND AUTHORIZATION OF PAYOR	
<p>I authorize CP Teller, on behalf of Central Christian College of Kansas (CCCK) to debit my account as identified above according to the terms stated here. This authorization shall remain in effect until the balance is paid in full or CCCK receives written notification from me of any intent to terminate this payment plan and at such time and in such manner as to afford CCCK reasonable opportunity to act (minimum of 30 days).</p> <p>I understand that if the total amount owed to CCCK is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed to CCCK is paid off, or unless the plan is terminated earlier by me above. I understand any added amounts can be applied for with a new authorization form.</p> <p>All other changes such as payment amount, frequency, and bank account or credit card numbers, will require a new Electronic Payment Authorization Form to be filled out and submitted to CCCK 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by CCCK or CP Teller due to Non Sufficient Funds (NSF). I understand that I will be liable to pay the NSF fees that will be charged by my bank.</p> <p>I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this electronic payment plan. I indemnify and hold CCCK, the bank, CP Teller harmless from damage, loss, or claim resulting from all authorized actions</p>	
Print Name of Payor:	Date:
Signature of Payor:	