

**WASHINGTON ADVENTIST UNIVERSITY**  
**Collection Services Department**  
**7600 Flower Avenue**  
**Takoma Park, MD 20912**  
**(301) 891-4497**  
**(301) 891-4483 fax**

Dear Sir/Madam:

Thank you for agreeing to make payment on the account designated below by authorizing WAU to make a charge against your credit card for application against said student account.

Please fill in the blanks below, sign where indicated to show your agreement to these provisions and to authorize us to make this charge on your behalf, and then **fax this document to us as soon as possible at 301-891-4483 attn Director of Collection Services**. If you have additional questions about this form, contact the WAU Department of Collection Services at 301-891-4497.

**CHARGE CARD AUTHORIZATION**

I authorize Washington Adventist University (WAU), and Educational Computer Systems, Inc. (ECSI) on behalf of WAU, to make a charge against my credit card account set forth below in the amount of \$\_\_\_\_\_ (plus the service fee to Educational Billing Services described below) for application against the student account of: **Student**

**Name:** \_\_\_\_\_; **Acct. Type:** \_\_\_\_\_;  
**SSN:** \_\_\_\_\_.

Account Holder Information:

Account number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
Name exactly as it appears on card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Billing Phone Number: \_\_\_\_\_  
E-mail Address (required): \_\_\_\_\_

I agree to be personally liable to WAU for the amount above-stated [plus a service fee to Educational Billing Services for each electronic payment processed computed as 2.5% of the above payment amount + \$0.50]. In the event said charge is initiated and declined for any reason, I further agree to pay all reasonable attorney's fees and/or other collection costs which WAU may incur in the collection of this sum, including without limitation all court costs. In case of suit, I agree that venue and personal jurisdiction shall be in Montgomery County, MD.

\_\_\_\_\_  
Account Signatory - SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Signatory - PRINTED NAME