



# VALOR CHRISTIAN COLLEGE

## CREDIT OR DEBIT CARD AUTHORIZATION

WE ACCEPT AMERICAN EXPRESS, DISCOVER, MASTERCARD AND VISA

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_     Traditional Student (On Campus)     Full-Time     One-Time Payment

SID# \_\_\_\_\_     Online Student     Part-Time     Recurring Payment <sup>o</sup>

Student Name \_\_\_\_\_ Semester \_\_\_\_\_

Costs shown are per semester:

		* 12-16 credit	** (\$30 per credit hour)
<input type="checkbox"/> Application Fee \$50/75	<input type="checkbox"/> Dorm Rent \$1215	<input type="checkbox"/> F/T Tuition* \$1,820	<input type="checkbox"/> Transcript Fee \$ 5
<input type="checkbox"/> <b>Security Deposit \$300</b>	<input type="checkbox"/> Dorm Activity Fee \$ 45	<input type="checkbox"/> General Fees \$ 227	<input type="checkbox"/> Music Lab Fee \$ 50
<input type="checkbox"/> Late Registration Fee \$200	<input type="checkbox"/> 19 Meal Plan \$1220	<input type="checkbox"/> Online Tech Fee \$ 25	<input type="checkbox"/> Finance Fee \$ 50
<input type="checkbox"/> Parking Permit \$ 25	<input type="checkbox"/> 10 Meal Plan \$ 680	<input type="checkbox"/> Indep. Study Fee** _____	<input type="checkbox"/> <b>Other:</b> _____
<input type="checkbox"/> <b>Enrollment Deposit \$150</b>	<input type="checkbox"/> 06 Meal Plan \$ 530	<input type="checkbox"/> P/T Tuition (\$165 per credit hr) \$ _____	

**CARD INFORMATION**

Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_ CCV no. \_\_\_\_\_

Email Receipt to \_\_\_\_\_ Today's Amount \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Phone no. \_\_\_\_\_

Card Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

◊ FOR RECURRING - Payment Amount \$ \_\_\_\_\_ Schedule to Run card on \_\_\_\_\_ day of month  
 Start \_\_\_\_\_ End \_\_\_\_\_ Comment: \_\_\_\_\_

I hereby agree to pay the sum set forth above to the creditor who issued my card in accordance with the terms of the credit card for the purpose of goods and services. I agree to provide another form of payment if my card is declined. I will contact the Finance Office should my contact information change.

\_\_\_\_\_  
 Signature ( ) Student Telephone no. Date

MAILING ADDRESS: Valor Christian College P.O. Box 800 Columbus, OH 43216-0800 Telephone: 614.837.4088  
 SCAN/ EMAIL FORM TO: Finance@valorcollege.com  
 OR SEND FORM VIA FAX: Attn: Finance Fax: 614.837.6904

**FOR OFFICE USE ONLY:**

ABHE PAYMENT NO. \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ Processed by: \_\_\_\_\_

NOTES:



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<input type="checkbox"/> <b>Auto-Pay</b> (automatic)	<input type="checkbox"/> Traditional Student (On Campus)	<input type="checkbox"/> Full-Time	<input type="checkbox"/> One-Time Payment
<input type="checkbox"/> Other (see Office Use Notes)	<input type="checkbox"/> Online Student	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Recurring Payment

DATE \_\_\_/\_\_\_/\_\_\_

Starting Balance: \$ \_\_\_\_\_

Semester \_\_\_\_\_

- Initial Payment (pg 1) \_\_\_\_\_

- Other: \_\_\_\_\_

Name: \_\_\_\_\_

Starting Recurring Payment Balance: \$\$ \_\_\_\_\_

SID# \_\_\_\_\_

Start Date \_\_\_/\_\_\_/\_\_\_ End Date \_\_\_/\_\_\_/\_\_\_

Date	Payment Amount	Current Balance	ABHE Payment No.	Processed /Ck'd by:

Payment Source: \_\_\_\_\_

Comments: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		
Confirmation Date ___/___/___	<b>** Print ABHE Balance **</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Plan by: _____
<b>NOTES:</b>		
<i>For online, email plan date: ___/___/___ by: _____</i>		