

Tuition Payment Authorization Form

Date: _____

To: [College/University Name]

Address: [College/University Address]

Subject: Authorization for Tuition Payment Plans

Dear [Financial Aid Office/ Bursar's Office],

I, [Your Full Name], student ID [Your Student ID], hereby authorize [College/University Name] to process my tuition payments for the [Academic Year/Term] under the following payment plans:

Payment Plan Details

- Plan 1: [Description, Amount, Due Dates]
- Plan 2: [Description, Amount, Due Dates]
- Plan 3: [Description, Amount, Due Dates]

I understand that my tuition payments will be automatically deducted from my selected payment method as detailed below:

Payment Method

Type: [Credit/Debit Card / Bank Transfer]

Card Number: [Last Four Digits Only] / Account Number: [Last Four Digits Only]

Expiration Date: [MM/YY]

If I choose to change my payment method or make any adjustments to my payment plan, I will notify the [College/University Name] at least [Number] days in advance.

Thank you for your assistance. Please contact me at [Your Phone Number] or [Your Email Address] if you require any additional information.

Sincerely,

[Your Full Name]

[Your Signature (if sending a hard copy)]