

Monthly Automatic Deduction Form
Andersonville Seminary
PO Box 545
Camilla, GA 31730

Credit or Debit Card Form

To pay by credit or debit card, please fill in the information below.
If you have filled out a form previously, please do not send another form.

(Please PRINT NEATLY or TYPE)

Your **Full** Name: _____
First, Middle, and Last Name

(Please no abbreviations or nicknames)

Type of Card: _____

Card Number: _____

Expiration Date on Card: _____

3 Digit Code on Back of Card: _____

Zip Code _____ Phone number: _____

I wish to pay my monthly payment of ____ by credit or debit card.

Check One:

_____ 1st of each month *

_____ 10th of each month *

_____ 14th of each month *

Email address in case we have any questions:

You will continue to receive a monthly statement for your record of payment.

You may mail, email, or fax this form back to us.

Fax number: 229-336-7000

Email: grades@andersonvilleseminary.com

Please do not send this form to multiple email addresses. This causes your card to be charged more than once. *Dates may vary somewhat due to weekends, holidays, etc.