

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 \_\_\_\_\_

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

Check One:

\_\_\_\_\_ 1<sup>st</sup> of each month \*

\_\_\_\_\_ 10<sup>th</sup> of each month \*

\_\_\_\_\_ 15<sup>th</sup> 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.**