



La Sierra University

Accounts & Loans

4500 Riverwalk Pkwy

Riverside, CA 92505

(951) 785-2238 or (951) 785-2247

apark@lasierra.edu or acctloan@lasierra.edu

Automatic Debit Authorization

Student Information (Please Print)

Name: _____ LSU ID#: _____ SS# _____ - _____ - _____

Student's Email (Required): _____

Billing Information

Bill Payer (Person Financially Responsible): _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Payment Information

Credit/Debit Card Number: _____

Expiration Date: _____ Security Code: _____

Monthly Payment Amount: \$ _____

Monthly Withdrawal Date: _____

Start Date (month/year): _____

By signing below I authorize La Sierra University to debit the amount indicated above on the designated date each month until the balance is paid in full and I understand the following terms and conditions that :

1. At the end of each quarter a 2.5% finance charge will accrue on the remaining balance.
2. If the debit/credit card is declined the student will be contacted immediately. If no new payment arrangements have been made and two consecutive monthly payments are missed, your account will be sent to a collection agency and your credit will be adversely affected.
3. Transcripts, diplomas and future registration will be denied until the balance is paid in full and all financial holds have been removed.
4. All payment plan communication will be made to the phone numbers and email addresses listed above.

Student (signature): _____ Date: _____

PLEASE COMPLETE SIGN AND RETURN