



TRINITY

CONTINUANCE PAYMENT FORM

Payment of this Continuance Fee preserves your investment by extending your expiration for an additional 12 months and provides an opportunity for you to complete your course of study without substantial financial or academic difficulties.

Please select the Continuance Fee based on your academic level. Undergraduate \$300 Graduate \$375 Doctorate \$450

The expiration date of your registration is: _____.

Student ID #: _____.

NOTE:

- Payment after the expiration date may result in a withdrawal status and additional fees due.
- To take advantage of this Continuance option, your account must be current and not in a delinquent status.

Student Address: _____

Student Phone: _____

Student Email: _____

PAYMENT OPTIONS

PAYMENT IN FULL AMOUNT \$ _____ CHECK _____ CREDIT CARD _____

20% DEPOSIT AMOUNT \$ _____ CHECK _____ CREDIT CARD _____

- Remaining balance will be payable over the next four consecutive months with a 1.5% monthly interest charge computed on the unpaid balance of your account.
- All terms of the deferred payment plans, including due dates, late fees, etc. will apply.
- I provide my signature below, with the credit card information, as proof of my understanding and authorization.

ENROLLMENT IN THE AUTOMATIC MONTHLY PAYMENT PLAN

- Remaining balance will be payable over the next four consecutive months with a 1.5% monthly interest charge computed on the unpaid balance of your account.
- All terms of the deferred payment plans, including due dates, late fees, etc. will apply
- I understand that this authorizes Trinity College of the Bible and Theological Seminary to charge my credit card on a monthly basis for **all charges** incurred to my Trinity account until the balance is paid in full.
- I understand that I will still receive monthly statements of my account, and do not need to pay from the statement as Trinity will automatically charge my credit card the minimum balance due for that month.
- I understand that if I wish to be removed from this program, I must request, in writing and send via mail or fax, such withdrawal from the Automatic Monthly Payment Plan.
- **I provide and submit my signature below, with the credit card information, as proof of my understanding and authorization.**

IF YOU ARE USING A CREDIT CARD, COMPLETE THIS SECTION

Visa MasterCard Discover American Express

CARD NUMBER _____ / _____ / _____ / _____ CIV _____
(3 digits on back of card)

EXP DATE ____/____ NAME AS IT APPEARS ON CARD: _____

SIGNATURE _____ DATE _____

To fax payment form:

812-858-3242

To make Continuance Fee payment online:

<https://forms.trinitysem.edu/ContFeePayment.html>

To make Continuance Fee and/or pay on account:

https://forms.trinitysem.edu/charge_form.html