

# The BLCS Monthly Payment Agreement

(All students participating in Plan B -Monthly Payments please fill out and return)

Student Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Monthly Payment: \_\_\_\_\_ Starting Month: \_\_\_\_\_

I also certify that I have read the chapter on "The BLCS Monthly Payment Program" in my Student Manual and understand how the program works. I agree to abide by the rules outlined in the manual.

## Payment Choices

I would like to mail in my payment each month.

or

I would like my monthly payment to be placed on my credit card the 1<sup>st</sup> of each month.  MasterCard or  VISA

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Credit Card Number

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Expiration Date

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CVV (Last 3 numbers on back of card)

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Signature

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Date

Mail this form and all appropriate paperwork to:

Biblical Life College & Seminary

PO Box 588

Marshfield, MO 65706-0588

Or fax to 888-958-3564.