

Forms

Credit Card Authorization Form

I authorize Jackson Theological Institute (JTI) to make charge(s) to my credit card in order to pay for tuition and fees as billed by the Institute for classes in which I enroll. I understand and agree that this authorization shall remain effective until terminated in writing by student and confirmed termination from JTI.

Student Name: (Please Print)

Start Date: _____

Please check one: Online Hybrid

Please check one: Pay-as-you-go Split Payments 40% - 40% - 20%

Please check one: Bachelor Master Certificate Audit

Credit Card Information

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____ Expiration Date:

CVC (3-digits) _____

Name on Card: _____

Billing Address: _____

Address (Addtl): _____

City: _____ State: _____

Zip: _____ - _____

Email: _____

Signature: _____

Date: _____

Completed Form should be sent to the following address:
registration@jtinstitute.org