2017 Football "I'm Committed" Payment Plan Offer

We are offering you the opportunity to split your football season ticket payment into four equal installments using your Visa, MasterCard and introducing Discover. Your first payment is not due until March 31st, just "commit" to your 2017 Football season tickets by the February 28th deadline. By signing up for this plan, no payment is due on the February 28th deadline. 25% off your total balance will automatically be charged to your account on March 31st and the remaining installments will follow the schedule listed below.

Payment plan charge dates, mark your calendars!
Commit – Fill out your payment plan form below and return on or before the February 28th deadline
Payment 1 – March 31st
Payment 2 – April 20th
Payment 3 – May 19th
Payment 4 – June 20th

Simply go to your online renewal application at WWW.ETICKETHAWAII.COM or complete the authorization form below and return it with your renewal form.

If you have questions or need more information, please call the UH Ticket Office at (808) 956-4482.

Payment Plan Information:

1) We accept only **Visa, MasterCard, and Discover** when using the payment plan option. Cash or checks are not accepted when using this method.
2) To calculate your four payment amounts, take your total amount due from your invoice and divide by 4.
3) No additional invoices will be sent; your remaining installments will automatically be charged to your card with the schedule above.

CUT HERE AND RETURN THE AUTHORIZATION FORM BELOW WITH YOUR INVOICE IF YOU ARE NOT USING THE ONLINE PAYMENT PLAN METHOD

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2017 Football Season Ticket Payment Plan

Account #:_____

Name on Account: _____

Payer Name: _____
(If different from account holder)

Payer Billing Address: _____**City/State/ZIP:** _____

Each installment amount: $_____ **(total amount due from invoice divided by four)**

☐ **Visa** ☐ **MasterCard** ☐ **Discover**

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Credit Card # **Exp. Date**

I authorize the University of Hawaii Ticket Office to charge the above card for my four equal installment payments, following the schedule above.

_____ _____
Signature **Date** **Form PPF2017**