2018-19 Men's Basketball Payment Plan Offer

We are offering you the opportunity to split your Men's Basketball season ticket payment into four equal installments using your Visa, MasterCard, or Discover card. By signing up for this plan, 25% of your total will be charged on receipt of your first payment, on or before the July 9th deadline. Then the remaining balance will automatically be charged to your account on the dates below in equal 25% installments.

Payment plan charge dates, mark your calendars!
Payment 1 – on receipt of first payment on or before the July 9th deadline
Payment 2 – August 3rd
Payment 3 – September 5th
Payment 4 – October 5th

Simply go to your online renewal application at WWW.ETICKETHAWAII.COM and select the payment plan in step 2 of the online renewal 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 **Visa, MasterCard, and Discover** cards when using the payment plan option. Cash or checks are not accepted with this offer.
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 be charged automatically to your card according to 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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2018-19 Men's Basketball 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 PPMB2018**