

# SETTING UP A RECURRING ONLINE PAYMENT

- 1 Fill out the required information and select “Set up auto pay”

Shore > Medical Alumni Association Donations > Committee of 100 Gift

COMMITTEE OF 100  
*Champions of Excellence*

Committee of 100 Gift  
\$250.00

\$250.00  
Maximum \$50,000

\* Select Payment Type:  
☒ Pledge Payment  
☐ Additional Contribution

Class Year (if applicable)  
  
Maximum 4 digits

Would you like to pay for this now or set up auto pay?

\* Payment options  
☐ Pay now  
☒ Set up auto pay - Recurring C100 Payment

Back Continue

- 2 You will be prompted to log in or create an account

Sign in or create an account

\* Email address or user name  
  
Enter an email address or user name

\* Password  
  
Enter a password

Sign in

Create account [Forgot password](#)

Click “Create Account” and enter necessary info

Create account

\* First name

\* Last name

\* Email address  
  
You will use this email address to sign in

\* Password  
  
At least 8 characters, with 3 letters, and 2 non-letters

\* Confirm password

Continue  
[Go back to sign in](#)

You've successfully created an account!

You are now signed in.

Close

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Fill in the necessary information. You will be charged according to this schedule.

Step 1 of 3: Auto pay

1 2 3

### Recurring C100 Payment

Donor Selects Amount and Schedule

**\* Each payment amount**

\$0.00

**\* First scheduled payment**

MM/DD/YYYY

Available dates 12/12/24 - 12/11/25

**\* Payment frequency**

Select...

**\* Number of payments**

Minimum 1 | Maximum 999

Total amount \$0.00 x 0 = **\$0.00**

**\* Select Payment Type:**

☒ Pledge Payment

☐ Additional Contribution

**Class Year (If applicable)**

Maximum 4 digits

*If you are unsure how many payments you have remaining, please reach out to the Alumni office at 504-568-4029.*

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Accept the Terms & Conditions

Auto pay terms and conditions

Thank you for your generous support of the LSU Medical Alumni Association. These Terms & Conditions outline the agreement governing recurring credit card donations. By setting up a recurring donation, you agree to the following terms:

- 1. Authorization**  
By providing your credit card information and selecting the amount and frequency of your donation, you authorize the LSU Medical Alumni Association to charge your credit card on a recurring basis as per your selected preferences.
- 2. Donation Amount and Frequency**  
You have the flexibility to choose the amount of your donation and the frequency of payments (e.g., monthly, quarterly, annually). The selected donation amount and frequency will continue to be charged to your credit card until you cancel or modify your donation.
- 3. Payment Schedule**  
Recurring donations will be processed on the date you specify when setting up your donation. If that date falls on a weekend or holiday, the donation will be processed on the next business day.
- 4. Modification or Cancellation of Donation**  
You may modify or cancel your recurring donation at any time. Changes and cancellations of auto payments can be made by visiting your account in Transact. To ensure your request is processed before the next scheduled payment, you must submit your cancellation or modification request at least three (3) business days before the next payment date.
- 5. Payment Information**  
You are responsible for ensuring that the credit card information you provide is accurate and up-to-date. You will receive an email from Transact if your credit card is set to expire before your next payment you will receive an initial email followed by follow-up emails every 14 days until the card is updated. If your credit card is declined or expires, we will notify you to update your payment information. Failure to update your payment information will result in the cancellation of your recurring donation.
- 6. Refunds**  
All donations are non-refundable. If you believe there has been an error in the amount charged, please contact us immediately. We will work with you to resolve any issues.
- 7. Receipts**  
A receipt for each recurring donation will be sent to you via email. You will receive a thank you letter in the mail following each contribution. You can access your transaction receipts in your account on Transact.
- 8. Changes to Terms & Conditions**  
The LSU Medical Alumni Association reserves the right to amend these Terms & Conditions at any time. You will be notified of any significant changes via email or through our website. Continued donations following such notification will constitute your acceptance of the changes.
- 9. Privacy and Security**  
Your privacy and security are of utmost importance to us. We will not share your personal or financial information with third parties except as required by law or as necessary to process your donation.
- 10. Contact Information**  
For questions or concerns regarding your recurring donation, please contact us at:  
Email: roan@lsuhsc.edu

☐ I Agree

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## Enter your credit card information

*Please note, there is a credit card processing fee added to every transaction. This fee is set and collected by Transact, not the Alumni Association*

Step 2 of 3: Payment method

How would you like to pay each payment?

**\* Payment method**

New credit or debit card  
non-refundable service fee (2.95% domestic card, 4.25% international) will be applied

AMERICAN EXPRESS DISCOVER JCB OneCard with Visa MasterCard VISA

**\* Card number**

① Card number required

**\* Expiration date** **\* Security code** ①

MM / YY

**\* Zip/Postal code**

International cardholders may input "N/A"

**Card nickname** ①

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## Confirm your information and press continue to complete your transaction

Step 3 of 3: Review

Last step! Let's make sure we have your correct information.

Email address: em[REDACTED]@gmail.com

**Auto pay details** [Change](#)

<b>Committee of 100 Gift</b>	\$100.00
<small>Select Payment Type: Pledge Payment Class Year (if applicable):</small>	
<b>Service Fee</b>	\$3.00
<b>Each payment amount</b>	\$103.00

First scheduled payment: 12/16/24  
Payment frequency: Monthly  
Number of payments: 10  
Total amount: \$1,030.00

**Payment details** [Change](#)

<b>Card number</b>	**** * * * *	VISA
<b>Expiration date</b>	■ ■	
<b>Zip/Postal code</b>	■ ■ ■ ■	

This site is protected by reCAPTCHA and the Google [Privacy Policy](#) and [Terms of Service](#) apply.

[Cancel](#) [Complete](#)

*Please be sure that the payment amount, schedule, and number of payments are correct. These transactions will occur automatically according to your requested schedule.*

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## That's it! You should receive an email confirming your auto-pay set up



Success! Auto pay is now set up for Recurring C100 Payment

First scheduled payment: 12/16/24  
Payment amount: \$104.25

The set up confirmation was sent to:  
em[REDACTED]@gmail.com

*If you have any questions or need additional assistance, please contact us at 504-568-4029 or roar@lsuhsc.edu.*