

CREDIT CARD AUTHORIZATION FORM

Card Type: Master Visa American Express Discover

Credit Card #: _____

Expiration Date: _____(MM)_____ (YYYY)

Validation/Security Code: _____

Cardholder name _____

Address: _____

Billing Address: City: _____ Province/State: _____

Country: _____ Zip code _____

This payment is made for _____ (Student Name) as:

Description/Purpose

of the payment

Application fee

Registration fee

Other _____

I authorize: _____ (School Name) to Charge

my credit card the amount of _____ for the purpose as indicated above.

Cardholder signature

Date