

CREDIT CARD PAYMENT AUTHORIZATION FORM

Student ID# _____

Student Name (Last, First) _____

Date of Birth (Month/Day/Year) _____

Name as it appears on card _____

Cardholder's street address _____

City, state, postal code _____ Country _____

Phone number _____

Credit Card Type: Visa MasterCard

Credit Card Number: _____

Expiration Date _____ Security code (printed on the back of the card) _____

Payment for:

Application fee \$54 (IA)

Applicable quarter: Fall Winter Spring Summer Year: 20 _____

Document Shipping Charges \$50 (FR)

Shipping street address _____

City, province, country, postal code _____

Shipping phone number _____

Others _____

As the cardholder or as a representative of the cardholder noted above, I hereby authorize the charges as noted.

Signature _____ Date _____