



Credit Card Authorization Form

Please Mail by August 7, 2020

If payment is not being made on line through the Campus Portal and you would like to pay via credit card, please complete and return this form.

Student Name _____

Parent Name _____

Program _____ Junior _____ Senior _____

I hereby authorize the student fees to be charged to my credit card for the above named student

Type of card used: Visa ___ MasterCard ___ American Express ___ Discover ___

Zip code of billing address for card: _____

Amount to be charged \$ _____

EXPIRATION DATE: ___ / ___ 3 digit security code on back: _____

Card Number _____ - _____ - _____ - _____

Print name as it appears on the card _____

Signature of card holder _____ Date _____

Daytime telephone number (____) _____

If you have chosen the Monthly Payment Plan and are using your charge/debit card to make your payment, for your convenience, we can charge your card monthly. If you wish this service, please read and sign below.

I authorize the payments to be charged by the 10th of each month to the credit/debit card listed above until said fees are paid in full per the attached monthly payment plan.

Signature _____ Date _____