



Credit Card Charge Authorization Form

Please provide the following information:

Name of Student _____
Family Name *Given Name*

Credit Card (check one): VISA MASTER CARD

Cardholder Name (as it appears on the card) _____
Please Print Clearly

Credit Card Number _____ Expiration Date _____

Security Code (on back of card) _____

Description

Amount

<i>Placement Fee</i>	_____
<i>Tuition Deposit</i>	_____
<i>Program Fee</i>	_____
<i>Airport Pickup</i>	_____
<i>Medical Insurance</i>	_____
<i>Accommodation Fees</i>	_____
<i>Express Mail Fee</i>	_____
<i>Other</i>	_____
<i>Other</i>	_____

Total Amount to Charge to Credit Card _____

Credit Card Holder Signature _____ Date ____/____/____

Authorization Code _____ Authorization Date ____/____/____