

PAYMENT AUTHORIZATION



Student Information

Name _____ ID# _____

Current Address Street _____ Apt. _____

City _____ State _____ ZIP _____

Phone Number _____

Apply payment to: Fall Spring Summer 20_____

Student Signature Date

AUTHORIZATION AND PAYMENT

- Check enclosed
- Please charge my credit card:
- Visa MasterCard Discover American Express

Credit Card Number Exp.Date
Amount authorized to be charged \$ _____