

# Tuition Payment Credit Authorization

## Student Information

Student Name

Student ID

Program

## Payer/Account Holder Information

Name on Credit Account

Relationship to Student

Phone Number

Email Address

## Credit Card Information

Card Type

Card Number

Expiration Date

CVV

Billing Address

**Authorization Details**

Authorized Payment Amount

Additional Instructions / Notes

**Authorization Agreement**

I authorize the above payment to be charged to the credit card listed. I understand that it is my responsibility to ensure sufficient credit is available and to contact the institution if my account or payment information changes.

Account Holder Signature

Date