

Credit Card Authorization Form

Student's Last Name: _____ Student's First Name: _____

Card Holders Name: _____

Card Type: Visa Master Card

Card Number: _____ -- -- --

Expiration Date: _____ / _____
(Month) (Year)

Authorized for:

- Application Fee \$100
- AEP Application fee \$50
- Fed Ex (express mail) Reimbursement \$50
- SEVIS Fee Reimbursement \$200
- Other: _____ \$ _____

Total: \$ _____

Signature of Card Holder

____ / ____ / ____
Date