

Credit Card Authorization

(For your convenience, if mailing or faxing back the Residence Acceptance Package.)

Visa Card No.

MasterCard No.

Card Expiry Date: Month Year

Amount Paid: \$25.00

Card Holders Name: _____

Student's ID #: _____

Name of Student (Please Print): _____

Cardholder's Signature: _____

Cardholder will pay the issue of the charge card presented herewith the amount stated hereon in accordance with the issuer's Agreement with the Cardholder.