

Authorized Amount (4% will be added)

Student email address: _____

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(In US Dollars)

three digit code on back of card **YOUR RECEIPT will reflect: American Academic Services*

I AGREE TO PAY ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT

Being the cardholder, by signing below I understand and agree to pay, and specifically authorize American Academic Services to charge the credit card account for the university services provided. I have received and accept the current charges applied to student's account. I further agree that in the event this credit card payment becomes declined, I will provide the WUHS Finance Department with new valid credit card information upon request, to be charged for any outstanding balances and decline fees owed by the student.

**By Signing, you authorize the above credit card transaction to be completed in accordance with Payment Plan Designation*

Signature: _____

Date: _____