CREDIT CARD AUTHORIZATION FORM

Belize Campus: Philip Goldson International Airport Road, Ladyville, Belize, Belize - Phone: +501.2800099 **U.S. INFORMATION OFFICE ADDRESS:** 6956 East Broad Street, Suite 400 ⁻⁻ Columbus, OH 43213 **Phone:** +1.888.772.2925 Fax: +1.888.772.7357 **Email** <u>admissions@ccu.edu.bz</u>

Columbus Central University

Your completion of this authorization helps us to protect you from credit card fraud. All information entered on this form will be kept strictly confidential. Please print out, complete this authorization form and return it to the Finance Department for processing. I authorize the charges to the credit card by signing below.

aut	horize the charges to the credit card by:	signing below.							
STUDENT INFORMATION									
<u>1</u>	Student Name:	Last/Family Name/Surname			First/Given,	/Personal	Middle		
<u>2</u>	Student ID Number:	Current En				ollment: Program - Semester			
CA	CARD HOLDER INFORMATION								
<u>3</u> 4	Name: List name exactly how it Address: Number and street or rural route as appears on		-	n between na		necessary) (Number			
	City or Town		Sto	ate	Country		Zip	Code	
STUDENT INFORMATION CREDIT CARD INFORMATION									
eve	ctive May 1, 2012– credit/debit card payments with payment is requested through credit/debit card Credit Card Number		of the amoun		ed. All students	must have a	signed form on	file in the	2
				VISA	мс		DIS	SCOVER	R



CCU

Authorized Amount (4% will be added)									
		(In US Dollars)							

Student email address:_____

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

I AGREE TO PAY ABOVE AMOUNT ACCORDING TO CARD ISSUER AGR EEMENT

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:_____