

CREDIT CARD AUTHORIZATION FORM

STUDENT INFORMATION					
Name			Email		
Address					
Address		City	State/	Zip/	
ridir ess		City	Province	Postal	
Country			Phone		
CARD HOLDER INFORMA	ΓΙΟΝ				
Name			Email		
Address					
Address		City	State/	Zip/	
11441000			Province	Postal	
Country			Phone		
US credit card holders must provide the credit card holder's billing address and zip code.					
CREDIT CARD INFORMATION (Please include only the tuition/fee in the Amount Due column. IAU finance will assess 1.9% of the amount due and process the card for the total amount)					
Amount Due in USD (Tuition/Fee only. Do not include the convenience fee)			Credit Card Type (Please circle)	Visa	MasterCard
Credit Card Number			-		
Expiration Date	MM YY	3 Digit Code (This Code is printe	ed in the signature area on the back of the card.)		
Authorized Signature	Date				
By signing above, I give authorization to International American University (IAU) to charge my credit card for the amount due and to assess the convenience fee of 1.9% over the amount due					

^{*}Attach a copy of front and back of the credit card to the Credit Card Authorization Form and scan and email/mail/fax to the University Finance Office

^{*}Please refer student handbook for information regarding finance policies including tuition and fee refund policy

^{*}All amounts in USD