

CREDIT CARD AUTHORIZATION FORM

STUDENT INFORMATION						
Name				Email		
Address						
Address			City	State/ Province	Zip/ Postal	
Country				Phone		
CARD HOLDER INFORMA	TION					
Name				Email		
Address						
Address	City			State/ Province	Zip/ Postal	
Country				Phone		
US credit card holders must pro	vide the c	redit card	holder's billing addr	ess 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 SignatureDate						
By signing above, I give authorization to International American University (IAU) to charge my 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