

Credit Card Charge Authorization Form

Course Tuition Payment(s) for International University for Graduate Studies

I, _____, hereby authorize International University for Graduate Studies to charge the following U.S. dollar amount _____ for a one time only payment to the credit card listed below.

I have contacted my credit card company to verbally authorize this charge.

Credit Card Type
(MasterCard or Visa only): _____

Account #: _____

Authorization Code: _____

Acct. Holders Signature: _____

Amount (in U.S. dollars): _____

Date: _____ Expiration Date: _____

Sincerely,

Signature

Please print and complete and fax to 718-796-3612