



INTERNATIONAL TECHNOLOGICAL UNIVERSITY

DEBIT/CREDIT CARD TRANSACTION AUTHORIZATION

Term: Fall 201__ Spring 201__ Summer 201__

To be completed by the CARDHOLDER. Please fill out completely.

Type of Card: Visa MasterCard Discover

Name of Cardholder: _____
(First) (Last)

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____/____

Total Amount: \$ _____

Note: Do not leave this part blank! There is a 2% fee for ALL Debit/Credit card transactions, please add this fee to the total.

Billing Address: _____

Street Number, Street Name

City, State, Zip Code

I further authorize the following student to use the above listed credit/debit card to pay for the tuition fees deemed necessary.

Student's Name

Student ID #

Signature

I accept and agree to the payment outlined above to be charged to my credit card. In addition, I hereby waive my right to dispute this charge at any time.

Cardholder Signature: _____ **Date:** _____