



# INTERNATIONAL TECHNOLOGICAL UNIVERSITY

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## DEBIT/CREDIT CARD TRANSACTION AUTHORIZATION

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Term:  Fall 200\_\_  Spring 200\_\_  Summer 200\_\_

*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: \_\_\_\_\_

**I further authorize the following student(s) 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: \_\_\_\_\_