



# UCI Division of Continuing Education

## International Programs

P.O. Box 6050 Irvine, CA 92616-6050

Tel: 1-949-824-5933 • Fax: 1-949-824-8065

## Credit Card Authorization Form

### Student Information

The payment is on behalf of the student below.

Last Name (Family Name)		UCI ID#	
First Name (Given Name)		Birth Date	
Student's Program		Term	
		Year	

### Method of Payment

Please provide payment information. Transactions will be processed within 1-2 business days.

Card Type	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> American Express	Amount	\$
Credit Card Number		Expiration Date	
			(mm/yy)

### Cardholder Information

Cardholder's Name As appears on credit card		Phone Number	
Billing Address		Mailing Address	
		Where receipt should be sent, if different from billing address	

### Authorization

I agree to pay the amount listed above on behalf of the student listed above, in accordance with the card issuer agreement.

Authorizing Signature		Date	
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**Please fax to 1-949-824-8065 or Mail to PO Box 6050, Irvine, CA 92616-6050**

Please do not send credit card information by email as this is not a secure method of transmission.

To comply with PCI DSS requirements, UCI Extension will not accept or process any credit card payment information submitted by email.