

Please Choose a Payment Type



Credit Card

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____

I authorize the above named business/individual to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____

DATE _____

(cardholder name and student name)



Bank Wire

Name on Bank Account: _____

Street Address: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

Account Type: _____



Email: _____