

CREDIT CARD AUTHORIZATION FORM

Date: _____

Name of Student: _____

Credit Card Type: Visa MasterCard American Express

Credit Card #: _____

Name on Card: _____

Expiration Date (ex: 01/2009): _____

Credit Card Security Code*: _____

Credit Card Billing Address: _____

* The Credit Card security code can be found on the back of the Visa or MasterCard as shown in the image below.



By signing this document, you are authorizing Devon MacEachron, PhD to charge your credit card for services rendered.

I, _____ authorize
Devon MacEachron, PhD to bill this credit card for services rendered.

Cardholder's Signature