

**CREDIT CARD AUTHORIZATION FORM**

Name of Student: \_\_\_\_\_

I authorize Central Washington University to debit my credit card as follows:

Name of Credit Card Holder: \_\_\_\_\_

MasterCard       Visa

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Charges: Please check each amount that the UESL Program should charge your credit card.

- \$45 UESL Application Fee     \$200 Housing Deposit
- \$50 CWU Application Fee     Express Mail Fee (varies)
- Other \_\_\_\_\_

Total Amount of Charge: \_\_\_\_\_

\_\_\_\_\_  
Credit Card Holder's Signature

\_\_\_\_\_  
Date