



UCI Division of Continuing Education

International Programs

P.O. Box 6050 • Irvine CA 92616-6050
(949) 824-5933 Tel • (949) 824-8065 Fax

Credit Card Authorization Form

Student Reference Information

This payment is on behalf of the student below.

Student's name	UCI ID#
	Birth Date
Student's Program	Term
	Year

Credit Card Account Information

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"/> AMEX	Amount	\$
Credit Card Number	Expiration Date	(mm/yy)	

Cardholder Information

Cardholder Name	Phone #
<small>As it appears on credit card</small>	
Agency/Company name	
Billing Address	Mailing Address
<small>Where credit card billing statements are sent</small>	<small>Where receipt should be sent, if different from billing address</small>

Authorization

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

Cardholder's Signature	Date
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Please fax to (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 Division of Continuing Education will not accept or process any credit card payment information submitted by email.