



# 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 <small>As appears on credit card</small>	Phone Number
Billing Address	Mailing Address <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.

Authorizing Signature	Date
-----------------------	------

**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 DCE will not accept or process any credit card payment information submitted by email.