



UCI Division of Continuing Education

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
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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.