



Instructions for Third Party Payers:

Please use this form to authorize credit card tuition payment. Complete all required information, sign, and fax to 703-812-9324. Georgetown University will not accept credit card information over the phone or by email. Your organization may elect to be invoiced and pay by check.

To: Sissel Malmbekk, Assistant Dean
Fax: 703-812-9324
From: _____
Fax: _____
Date: _____

Re: **THIRD PARTY CREDIT CARD AUTHORIZATION FORM**

Third Party Payer _____
Company or Organization Name
Street Address _____
City _____
State _____ Zip: _____
Contact Telephone: _____ Contact Fax: _____

I _____ (*print name*) authorize the Center for Continuing and Professional Education at Georgetown University to charge \$_____ for _____ (*student name*) / _____ (list courses) to the following credit card:

Card Type (circle): Visa MasterCard American Express

Card Number _____
Expiration Date _____ Security Code _____
Name on Card _____ Credit Card Holder's Signature _____

Fax the complete form to: Center for Continuing & Professional Education Fax: 703-812-9324