



Instructions:

This form is used to process credit card payments that cannot be completed online. Please complete the form and fax it to 703-812-9324 or email to CCPEStudentaccounts@georgetown.edu.

To Obtain Receipt:

Check here if you would like to receive a receipt by email for this credit card charge.

Email Address

To: Aaron Landers, Student Accounts Manager
Fax: 703-812-9324
From: _____
Fax: _____
Date: _____

Re: CREDIT CARD AUTHORIZATION FORM

Student Full Name _____

I _____ (print name) authorize the Center for Continuing and Professional Education at Georgetown University to charge \$_____ for _____ (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 _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Contact Telephone _____ Contact Fax _____

Fax the completed form to the Center for Continuing and Professional Education: 703-812-9324

For office use only:

Date Received: _____ Student GUID: ____-____-____ Manual Payment: Cost Center: _____