

CREDIT CARD AUTHORIZATION FORM

TO:
WEBSTER LEIDEN CAMPUS
ATTN. BUSINESS OFFICE

STUDENT NAME:
STUDENT ID:

INFORMATION REQUIRED FOR CHARGE:

NAME OF CREDIT CARD HOLDER:
TYPE OF CREDIT CARD:
CARD HOLDER'S ADDRESS:

EXPIRATION DATE:
CREDIT CARD NO:

TERMS OF AUTHORIZATION:

Please circle each relevance/preference

1) ONE TERM EXCLUSIVE AS FOLLOWS: SU/ FA1/ FA2/ SP1/ SP2 YR:
DATE REQUESTED FOR CHARGE:
AMOUNT TO CHARGE: (EUR):

2) EACH TERM UNTIL FURTHER NOTICE FROM (TERM) ON: SU/ FA1/ FA2/ SP1/ SP2 YR:

A) PLEASE INDICATE IF YOU WISH TO GIVE INDIVIDUAL AUTHORIZATION PER TERM ONLY YES/ NO

B) PLEASE INDICATE IF YOU WISH TO GIVE STANDING ORDER FOR TERM CHARGE YES/ NO
AUTOMATICALLY (EACH TERM BY DEADLINE DATE)

3) PAYMENT FOR:
TUITION FEE: YES
HOUSING FEE: YES
VISA FEE: YES
GRADUATION FEE: YES

The undersigned is responsible for the accuracy of information above and he/she is responsible for informing the Business Office about any subsequent changes. The undersigned authorises Webster Leiden Campus to charge the above expense to his/ her credit card.

*Please note that we charge a **5% fee** for credit card payments remotely*

*Please attach clear copy of both sides of the credit card - (**blank out the CCV number**)*

Please attach passport copy of cardholder.

SIGNATURE CARDHOLDER:

DATE OF SIGNATURE BY CARDHOLDER:

DATE RECEIVED BY BUSINESS OFFICE: