CREDIT CARD PAYMENT AUTHORIZATION

GEORGE MASON UNIVERSITY
COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT
Division of Elementary, Literacy and Secondary Education
4400 University Drive – MSN 4B3
Fairfax, VA  22030-4444  Phone:  703-993-7611  FAX: (703) 993-3340

Date:____________________

Name:_____________________________________
(Person for whom payment is made)

☐ Workshop _______________________________  Date(s): _________________

OR

☐ Contract Course __________________________  Term:____________________

☐ Visa   ☐ MasterCard   Amount: $___________________

Credit Card #
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Expiration Date  /_/
(month/year)   Security Code (3-digits at the back of card): __

Name of Cardholder:______________________________________________
(Please Print)

Signature of Cardholder:___________________________________________

Mandatory  Telephone Number:________________________
Zip Code for Card: _____________________

Notes:

Office Use Only

Program/Event/Course:___________________________________________

Account #:_____________________________________________________
Deposit Slip #:____________________ Date:____________  Processed by:__________________