

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 #

- - -

Expiration Date ____/____/____ **Security Code (3-digits at the back of card):** ____
(month/year)

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: _____