



# UNIVERSITY OF ATLANTA

5522 New Peachtree Road, Suite 114, Chamblee, GA 30341 – USA  
Phone no. 1-877-325-9538 email [uofa@uofa.edu](mailto:uofa@uofa.edu)  
Website [WWW.UOFA.EDU](http://WWW.UOFA.EDU)

## Credit Card Authorization Form

### Customer Use (Please Print or Type)

Name of Student: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Name of Cardholder (if different than student): \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Billing Address: (if different than above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Initial Payment: \$ \_\_\_\_\_ Date (mm-dd-yyyy): \_\_\_\_\_

Recurring Monthly Payment: \$ \_\_\_\_\_ Start Date (mm-dd-yyyy): \_\_\_\_\_

Recurring Quarterly Payment: \$ \_\_\_\_\_ Start Date (mm-dd-yyyy): \_\_\_\_\_

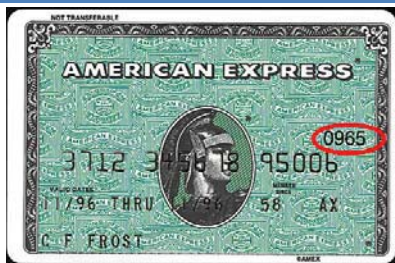
The undersigned authorizes this amount owed to be charged to:

- VISA
- MASTERCARD
- DISCOVER
- AMERICAN EXPRESS

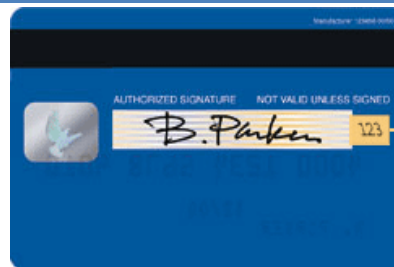
- RECURRING MONTHLY CHARGE**  
To be billed each month on the:
  - 5<sup>th</sup> - If Enrolled before 10<sup>th</sup>
  - 15<sup>th</sup> - If Enrolled between 11<sup>th</sup> & 20<sup>th</sup>
  - 25<sup>th</sup> - If Enrolled between 21<sup>st</sup> & 24<sup>th</sup>
  - 5<sup>th</sup> - of the 2<sup>nd</sup> following month if Enrolled between 25<sup>th</sup> & 31<sup>st</sup>

of each month/quarter until the balance for my program is paid in full.

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Card ID Number: \_\_\_\_\_



Customer Identification Number



3 Digit Card Verification Number

After the Initial Payment, Recurring Credit Card charges commence on the specified date the following month and will continue without interruption till the program is paid in full. This authorization becomes null and void when the student submits a Withdrawal Form. Recurring charge will go through if Withdrawal Form is not submitted at least 5 days prior to the payment due date.

Changes to Credit Card information should be reported to the Financial Affairs Department immediately.

Cardholder Signature: \_\_\_\_\_

ALL Credit Card Authorization Forms must be accompanied by a legible copy of the Credit Card being processed and picture ID of the cardholder.