

Georgetown Law  
Office of Student Accounts  
Phone: 202-662-9057  
Fax: 202-393-8297  
Credit Card Payment Authorization Form



**Please complete the following form and FAX to the Cashier's Office**

**Personal Information:**

Name (**Print**): \_\_\_\_\_

GU ID (If Applicable): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Purpose: \_\_\_\_\_ Term/Semester: \_\_\_\_\_

**CREDIT CARD INFORMATION:**

Please select card type: \_\_\_ MASTERCARD \_\_\_ VISA \_\_\_ DISCOVER

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Amount: U.S. \$ \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Fax Completed Form to the Following Number: 202-393-8297**

**For Office of Student Accounts Use:**

If Posted to S/A:

If Allocated to Department:

OSA initials: \_\_\_\_\_

JV Number: \_\_\_\_\_

Posting Date: \_\_\_\_\_

JV Date: \_\_\_\_\_