

CREDIT CARD AUTHORIZATION FORM



40 Avon Street, Keene, New Hampshire 03431-3516
www.antiochne.edu

I authorize Antioch University New England to charge my credit card account in the following manner:

Cardholder's Name *(please print)* _____

Student's Name *(if different from cardholder name please print)* _____

Amount \$ _____

Card Type *(check one)* Visa Mastercard Discover American Express

Card Number _____ - _____ - _____ - _____

Expiration Date ____ / ____

Credit Card Security Code _____ (found on the back of your card. Three digits for Visa, Mastercard, and Discover. Four digits for American Express.)

Credit Card Billing Zip Code _____

Cardholder's Signature _____ Date _____

IMPORTANT NOTICE FOR CREDIT CARD USERS

In accordance with our Merchant Agreement, if a credit card was used for payment, any refund within 90 days must be made to the credit card.

Please submit this form to the appropriate office:

Admissions Office	Tel: 603.283.2130	Fax: 603.357.0718
Registrar's Office	Tel: 603.283.2470	Fax: 603.355.1160
Student Accounts Office	Tel: 603.283.2490	Fax: 603.357.7563