

# Credit Card Authorization Form



Office of Student Accounts, 40 Avon Street, Keene, New Hampshire 03431-3516  
Tel 603.283.2490 Fax 603.357.7563 www.antiochne.edu

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

Cardholder's 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 Student Accounts. For more information contact us at 603.283.2490 or studaccts@antiochne.edu.