

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

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.