



COLUMBIA COLLEGE

Tysons Campus  
8620 Westwood Center Dr.  
Vienna, VA 22182  
TEL. 703-206-0508

## Credit Card Authorization Form

### 1. Student Information

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First Middle MM/DD/YYYY*

Student ID: \_\_\_\_\_ Intended Program: \_\_\_\_\_

Campus: \_\_\_\_\_ Program Start Date: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State ZIP*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Finance Option:  Self-payment  Financial Aid  VA

### 2. Credit Card Information

Cardholder Name: \_\_\_\_\_ Card Type:  Visa  
*Last First Middle*  Mastercard

Billing Address: \_\_\_\_\_  
*Street City State ZIP*

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*MM/YYYY*

CSV: \_\_\_\_\_

Amount to charge: \$ \_\_\_\_\_ (USD)

I, \_\_\_\_\_, authorize Columbia College to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Additionally, Foreign Transaction Fee, \$60, is charged.

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