



CREDIT CARD AUTHORIZATION FORM

Please fill Out this form and return it to Michal McElwain at George Mason University by fax to 703 993 8215. Please be sure that all information is accurate and can be easily read.

Date _____

I authorize George Mason University to charge my: (circle one)

VISA Mastercard

Credit Card number _____ - _____ - _____ - _____

Exp. date _____

Print name as it appears on the card _____

Signature _____

Student name _____ Student ID number _____

Amount to be charged _____

Cash office questions can be directed to Joanne Cabe at 703 993 4048.