Georgetown UNIVERSITY

CENTER *for* CONTINUING AND PROFESSIONAL EDUCATION

CREDIT CARD AUTHORIZATION FORM

Date: _____

University ID Number*: _____ _____ _____ - _____ ____ _____ - _____ _____ _____

I _____authorize
(print name clearly)

the Center for Continuing and Professional Education at Georgetown University to charge

$ _____ for _____
(name of course/ program)

to the following credit card:

Card Type (circle): Visa MasterCard American Express

Card Number: _____

Expiration Date: _____ **Security Code:** _____

Name on Card: _____

Credit Card Holder's Signature: _____

***Your University ID number can be found online in Student Access+.** To locate your University ID, go to **www.georgetown.edu,** select "Current Students", and then click on "Student Access+". Log in using your NetID and password. Select "Biographical Information" and then "Biographical and Demographic Information". Your University ID is a nine digit number beginning with the number 8 e.g. 898-765-432. Alternative ID numbers, such as social security numbers, are not accepted. Credit Card Authorization Forms without University ID numbers will not be processed.

Fax the complete form to: **Office of Student Accounts**
Fax: (202) 687-1133