



**ONE TIME CREDIT CARD PAYMENT AUTHORIZATION FORM**

Sign and complete this form to authorize **Millennia Atlantic University** to make a one-time debit to your credit card listed below. **This form must be submitted directly to the Bursar office or send to [bursar@maufl.edu](mailto:bursar@maufl.edu).**

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize Millennia Atlantic University to charge my credit card  
(Cardholder's complete name)

account indicated below for \$ \_\_\_\_\_ on or after (MM/DD/YY) \_\_\_\_\_.

This payment is for:  Fees  Tuition

For the candidate or student (first and last name): \_\_\_\_\_.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card.

**This form must be submitted directly to the Bursar office or send to [bursar@maufl.edu](mailto:bursar@maufl.edu).**