



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Phone Number: _____

Credit Card Type: Visa Master Card Discover American Express

Credit Card Number: _____

Expiration Date: _____ Credit Card Security Number* _____

*CVV Number is a 3 digit number on VISA®, MasterCard® and Discover® branded credit and debit cards. On your American Express® branded credit or debit card it is a 4 digit numeric code.

Amount to Charge: \$_____ (USD)

Frequency of the charge: one time charge
 on each date shown on my payment plan

I authorize Millennium Atlantic University to charge the agreed amount listed above to my credit card provided herein. I understand that payments made through credit or debit cards will be assessed a convenience fee of 3.5% which is added to the total amount of the transaction. This convenience fee is not refundable.

Cardholder –Print Name, Sign and Date Below:

Print Name: _____

Signature: _____

Date: _____

Form must be completed in full, signed by an authorized cardholder, along with a clear copy of the cardholder driver's license or passport showing signature and picture.

Return information personally to our office, send it by fax: **(305) 503-9680** or by regular mail to the address below.

Millennia Atlantic University
Attention: Jenice Maza / Bursar
3801 NW 97TH Ave.
Suite 100
Doral, Florida 33178
Phone 786-331-1000 Ext: 304