

## CREDIT CARD AUTHORIZATION FORM

Date \_\_\_\_\_

Student Name \_\_\_\_\_

Credit Card Holder's Name \_\_\_\_\_

Card Type \_\_\_\_\_

*\*Visa and Mastercard are accepted. Please note that a 2% charge will be added to all Credit Card transactions.*

Credit Card  Debit Card

Card Number \_\_\_\_\_

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

CVV Code \_\_\_\_\_

Amount Authorized to Charge (\$USD) \_\_\_\_\_

Email Address: \_\_\_\_\_

By submitting this form to Stafford House, I authorize Stafford House to charge my credit card the amount noted above. Stafford House will not charge any additional fees to this credit card without approval from the card holder.