



ONLINE PAYMENT AUTHORIZATION FORM

Name: _____

Billing Address: _____

City, State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Registration Fee: \$ _____

Enrollment Deposit \$ _____

Tuition Payment \$ _____

Recurring Amount to Charge (Monthly): \$ _____

Other Amount: \$ _____ Description: _____

Total to Charge: \$ _____ USD

By signing this form, you authorize The School of Architecture to charge this credit card for the amount(s) listed above and to process recurring payments in the amount listed above on the 1st day of the month.

Signature: _____ Date: _____