



**GEORGETOWN UNIVERSITY**  
**School of Continuing Studies**  
*Center for Continuing and Professional Education*

**Instructions:**

This form is used to process credit card payments that cannot be completed online. Please complete the form and submit it:

- **By Fax** to 703-812-3810
- **By mail to / in person** at:  
 Student Accounts  
 3101 Wilson Blvd., Suite 200  
 Arlington, VA 22201

To protect your credit card information CCPE cannot accept completed forms via email.

**To Obtain a Receipt:**

Check here if you would like to receive a receipt by email for this credit card charge.

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

To: Aaron Landers, Student Accounts Manager  
 Fax: 703-812-3810  
 From: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Re: CREDIT CARD AUTHORIZATION FORM**

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

I \_\_\_\_\_ (print name) authorize the Center for Continuing and Professional Education at Georgetown University to charge \$\_\_\_\_\_ for \_\_\_\_\_ (list courses)

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 \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

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

Contact Telephone \_\_\_\_\_ Contact Fax \_\_\_\_\_

**For office use only:**

Date Received: \_\_\_\_\_ Student GUID: \_\_\_\_\_ Manual Payment:  Cost Center: \_\_\_\_\_