



# IAU CREDIT CARD AUTHORIZATION FORM

## Recurring Payment Authorization

I hereby authorize IAU to charge my monthly tuition payments as per the tuition invoice. **This authority remains in effect until IAU has received written notification three business days prior to the due date or until IAU has sent me notice of termination of this agreement.** By signing below I certify that I authorized IAU to withdraw from or charge funds to this card. If my account is past due, I authorize IAU to debit the past due amount plus any additional fees incurred.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Cardholder Information

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

*Credit Card Billing Address: (if different from above)*

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

### Credit Card Information

MasterCard  Visa

Account Number: \_\_\_\_\_ Security number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*Last 3 numbers on the back of the card

Begin taking payments on: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date should be same as the installment date on the tuition invoice)  
mm dd yyyy

Student Name: \_\_\_\_\_ Semester: \_\_\_\_\_

**Attach copy of Credit/Debit Card and Photo ID and mail/fax/email to:**

**Mail:**  
 5999 Summerside Drive, Suite 220  
 Dallas, TX 75252, USA

**Fax:** 972-484-9970  
**Email:** finances@iau.edu.lc  
**Phone:** 972-484-9700