



CREDIT CARD AUTHORIZATION

STUDENT INFORMATION (PLEASE PRINT)

Date: _____ Student ID # _____

Name: _____ Date of Birth: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

CREDIT CARD INFORMATION: (CIRCLE ONE)

Visa Master Card American Express Discover

Card # _____ Exp. Date ____/____/____

CVV # _____ (CVV # is the last 3 digits on back of card located in the signature panel)

I authorize the Swedish Institute to charge the credit card I have designated above as follows:

	<u>DATE</u>	<u>AMOUNT</u>
▪ Payment #1	____/____/____	_____
▪ Payment #2	____/____/____	_____
▪ Payment #3	____/____/____	_____

Signature: _____

Date: ____/____/____

Please note this authorization only applies to **ONE** semester. You must re-sign card authorization form each semester.