

## 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.