

## Credit Card Payment Authorization Form

Please print this document and sign and date it. Fax the form to 607-330-3229

ATTN: Student Services

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**Please complete the information below:**

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

Certificate Program \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize eCornell to charge my credit card according to the agreed upon terms.

Billing Address \_\_\_\_\_

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

Shipping Address (if different from Billing Address) \_\_\_\_\_

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

This is a  residential address  business.

Email \_\_\_\_\_ Phone# \_\_\_\_\_ Fax# \_\_\_\_\_

Account Type  Visa  MasterCard  AMEX  Discover

Check here if you are requesting courier service. An additional \$25 will be charged to your credit card.

Amount \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. eCornell will keep all information entered into this form strictly confidential.