



ADLER UNIVERSITY

Credit Card Payment Authorization

Date: _____ ID #: _____

Name: _____

Day Phone #: _____ Evening Phone #: _____

\$ _____ . _____

I hereby provide/authorize payment in the amount of:
(If amount is left blank, form will not be processed)

Visa Master Card Amex

Card # _____

Exp. Date: _____ / _____ Security Code (CVV): _____
(month) (year)

Card Billing Street Address and Zip/Postal Code _____
(Example: 12345 Any Street, 60601 – This is the address associated with the card, not the student)

Signature: _____

Cardholder name: _____
(Please print name exactly as it appears on card)

*Please ensure that this form is completed in full. Missing/incorrect information may result in processing delays. Payment is considered "received" only once a fully completed form has been processed. This payment form is **NOT FOR TUITION PAYMENTS**. Tuition payments received by this form will not be accepted and student accounts will be considered late.

Please check one:

- PsyD Deposit Start Term: _____ Transfer Credit Fee
- MA Deposit Start Term: _____ Application Fee
- Other: _____ Transcript Fee

Received by (staff/work study name): _____