



Credit Card Payment Authorization

International Programs

Student ID# 8449 _____ Date of Birth (MM/DD/YY) _____ Date: _____

Student Last Name: _____ First Name: _____

Name as it appears on the card: _____

Cardholder's Address: _____

City: _____ Country: _____

Visa: MasterCard: Discover: Credit Card #: _____ Expiration ____/____

Quarter to apply charges to (Select one): Fall Winter Spring Summer 20____

Applicable Charges:

Charge	Check Appropriate Boxes	Cashiering Code	Amount
Application Fee - \$50		I8	\$
Homestay Placement Fee - \$300		IH/IZ	\$
Campus Corner Placement Fee - \$300		IS/IK/IZ	\$
Prepaid Tuition & Fees		IP	\$
Campus Corner Rent		IR	\$
		Other	\$
		Total Deposit	\$

As a card holder, or as a representative of the card holder noted above, I hereby authorize the charges as note.

Signature: _____ Date: _____

From: _____ Fax#: _____

Scan and email to: international@greenriver.edu

Or fax to: +1 (253) 333-4940