Credit Card Authorization Form

If you wish to pay fees with a credit card, print this form, complete it, and fax or mail it to:

INTERLINK Language Center
Indiana State University
Terre Haute, Indiana 47809

Fax: 812-237-8031

Important:

If your credit card is declined, you will be assessed a $25 Credit Card Rejection fee.

Due to security issues, do not send this information by email or through the Internet.

Please Print Clearly **Please Print Clearly** **Please Print Clearly**

1. Name of Student: _____

2. Fees

   a. Application Fee ($100) non-refundable $100_____

   b. Homestay placement fee ($150) $_____

   c. Express mail ($50) non-refundable $_____

   d. Wire transfer $_____

   e. **Total to be charged to your credit card:** US $_____

3. Credit Card Information

   a. Type of Card: ❑Visa ❑ MasterCard

   b. Card Number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

   c. Expiration Date: _____ _____ d. Today's Date: _____
   month year

   d. Name of cardholder: _____

   e. 3 digit security code of the credit card: _____

   f. Signature of cardholder:_____

   (Must be signed by the person whose name is on the credit card.)