

CREDIT CARD AUTHORIZATION FORM

By completing this form, it will give American Century University Authorization to charge your credit card for tuition payments. Please check the option that will best suit your needs. The payments plans are described on your application for admission.

Type of Credit Card: (circle one) VISA M/C AMEX DISC

Credit Card Number : _____

Expiration Date: ____/____/____

Please check specified payment:

Plan #1

Charge the balance of tuition after initial deposit of \$150 on ____/____/____

Plan #2

Charge 50% Payment after initial deposit of \$150 then, \$100 on the 1st of each month starting on ____/____/____

Plan #3

Charge 25% Payment after initial deposit of \$150 then, \$100 on the 1st of each month starting on ____/____/____

Plan #4

Student's employer will be responsible for 4 quarterly payments, please charge the company credit card \$_____ every quarter starting on ____/____/____

Please place me on Automatic Payments of \$_____ on the 1st of each month

Charge a one-time payment in the amount of \$_____ on ____/____/____

Signature _____ Date _____ ID# _____

Form **MUST** be **FAXED** or **MAILED** back to our office for the safety and privacy of your credit card information to: **Miquella Herrera @ 505-889-2750**

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(FOR OFFICE USE ONLY)

Credit Card # _____ Exp. Date ____/____/____

Charge \$_____ on the ____ day of each month starting on ____/____/____

OR Charge \$_____ on ____/____/____ as a one-time payment **ONLY!**