



Instructions:

This form is used to process credit card payments that cannot be completed online. Please complete the form and submit it:

- By E-mail to student-accounts@wuv.edu
- By mail to / in person at: Washington University of Virginia 4300 Evergreen, VA 22003 (#205)

To protect your credit card information, we cannot accept completed forms via email.

To Obtain a Receipt:

Check here if you would like to receive a receipt by email for this Credit Card or E-Check charge.

To: Finance Office

E-mail: student-accounts@wuv.edu

From:

Date:

Re: CREDIT CARD / E-Check AUTHORIZATION FORM

Student Name: _____

Student ID: _____

I (Print Name) _____ authorize the Washington University of Virginia to charge \$ _____ for (Semester) _____ to the following credit card / E-Check:

I, understand that my information will be saved to file for future transactions on my account.

If pay by Credit/Debit Card

Visa Master Discover Other

Card Number _____

Expiration Date _____

Security Code _____

Card Holder's Signature _____

Student's Signature _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

Contact Telephone _____ Contact Fax _____

If pay by E-Check/ACH

Saving Checking

Bank Name _____

Account Holder's Name _____

Routing Number _____

Account Number _____

Please submit this form via secure E-mail to student-accounts@wuv.edu or in person.

If you have any questions or concerns about making payments with this form, please contact Finance Office(student account) via email: student-accounts@wuv.edu