



**GEORGETOWN UNIVERSITY**  
**School of Continuing Studies**  
*Center for Continuing and Professional Education*

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

- **By Fax** to 202-784-7231
- **By mail to / in person** at:  
 Georgetown University Student Accounts  
 640 Massachusetts Ave NW  
 Washington, DC 20001

To protect your credit card information CCPE 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 charge.

\_\_\_\_\_  
 Email Address

To: Student Accounts Manager  
 Fax: 202-784-7231  
 From: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Re: CREDIT CARD AUTHORIZATION FORM**

Student Full Name \_\_\_\_\_

I (print name) \_\_\_\_\_ authorize the Georgetown University Center for Continuing and Professional Education to charge \$ \_\_\_\_\_ for (list courses) \_\_\_\_\_ to the following credit card:

Card Type (circle):      Visa                      MasterCard                      American Express

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Credit Card Holder's Signature \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Telephone \_\_\_\_\_ Contact Fax \_\_\_\_\_

For the security of your sensitive information, please submit this form via fax at 202-784-7231, by mail, or in person.

**For office use only:**

Date Received: \_\_\_\_\_ Student GUID: \_\_\_\_\_ Manual Payment:  Cost Center: \_\_\_\_\_