



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 **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 charge. Clearly print the e-mail address you would like a receipt sent to:

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 _____

Please submit this form via secure fax to 202-784-7231, by mail, or in person.

If you have any questions or concerns about making payments with this form, please contact Student Accounts via email: ccpestudentaccounts@georgetown.edu.

Do not email this form or credit card information.