



**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: [noncreditaccounts@georgetown.edu](mailto:noncreditaccounts@georgetown.edu).

**Do not email this form or credit card information.**