

# CREDIT CARD PAYMENT AUTHORIZATION

GEORGE MASON UNIVERSITY  
COLLEGE OF EDUCATION AND HUMAN DEVELOPMENT  
Office of Education Services  
4400 University Drive – MSN 6D2  
Fairfax, VA 22030-4444 Phone: (703) 993-3676 FAX: (703) 993-3678

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Person for whom payment is made)

Workshop \_\_\_\_\_ Date(s): \_\_\_\_\_

**OR**

Contract Course \_\_\_\_\_ Term: \_\_\_\_\_

Visa  MasterCard Amount: \$ \_\_\_\_\_

Credit Card #

-  -  -

Expiration Date. \_\_\_\_/\_\_\_\_  
(month/year)

Name of Cardholder: \_\_\_\_\_  
(Please Print)

Signature of Cardholder: \_\_\_\_\_

**Mandatory** Telephone Number: \_\_\_\_\_

Notes:

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Office Use Only

Program/Event/Course: \_\_\_\_\_

Account #: \_\_\_\_\_

Deposit Slip #: \_\_\_\_\_ Date: \_\_\_\_\_ Processed by: \_\_\_\_\_