



CREDIT CARD PAYMENT
PROCESSING FORM

STUDENT INFORMATION

Student Name: _____
Last
First
Middle

Student ID #: _____

PAYMENT INFORMATION

Application Fee (\$75.00)
 Tuition
 Seat Deposit
 Other (*Explain Below*)

CREDIT CARD INFORMATION

Credit Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa Card <input type="checkbox"/> AMX <input type="checkbox"/> Discover <input type="checkbox"/> Other (explain)	
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PAYMENT INFORMATION

Credit Card Number: _____
Amount: _____
Expiration Date: _____
CVV (Signature Panel): _____
Card Holder Name: _____
Card Holder Address: _____

I authorize GreenHeart Medical University to Charge my Credit Card for the above amount

 Card Holder's Signature (*Required*)

 Date (*Required*)

OFFICIAL USE ONLY

Bursar: X _____	Notes:
Date:	Date:
Charge Status: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	