CREDIT CARD AUTHORIZATION FORM

**This payment is for:**

☐ **English Programs** ☐ **Homestay** ☐ **Foreign Language Programs** ☐ **TESOL Certificate**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Student Name:*** | Click here to enter text.Last Name First Middle | ***Start Date:*** | **December 23, 2024(mm/dd/yy)** |

*All fields below are required.*

|  |  |
| --- | --- |
| ***Card Holder’s Name:*** | ***(As it appears on the card)***Click here to enter text. |
| ***Credit Card Number:*** | Click here to enter text. |
| ***Credit Card Billing Address:*** | Click here to enter text. |
| ***Security Code (3 or 4 digits):*** | Click here to enter text. ***(Visa/MC/D: 3-digits on the back; AmEx: 4-digits on the front)*** |
| ***Expiration Date:*** | Choose an item. **/ \_\_\_\_\_\_\_ (MM/YY)** |
|  ☐ **VISA** ☐ **MASTERCARD** ☐ **DISCOVER** ☐ **AMERICAN EXPRESS** |

I, Click here to enter text., give authorization to the International Language Institute (ILI)
 *(Your Name)*

to charge my credit card account given above for the following payments and amounts.

Please complete the payment amount below.

|  |  |  |
| --- | --- | --- |
| ***Description*** | Number of Cycles/Weeks/Hours/Levels | ***Amount*** |
| ***Tuition or Homestay:*** | Click here to enter text. | **$\_\_\_\_\_\_\_** |
| ***Application Fee (English Program only)*** | N/A | **$\_\_\_\_\_\_\_** |
| ***Books:*** | Click here to enter text. | **$\_\_\_\_\_\_\_** |
| ***Other (SEVIS, Express Delivery):*** | Click here to enter text. | **$\_\_\_\_\_\_\_** |
| **TOTAL:** | **$\_\_\_\_\_\_\_\_\_\_** |

**Optional:** ☐ **Please make this a recurring payment and charge my card every \_\_\_# weeks.**

By signing below, cardholder acknowledges receipt of services described above in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder’s agreement with the issuer.

**Cardholder’s Signature:** Click here to enter text. **Phone:** Click here to enter text.

PLEASE SIGN and EMAIL to ili@ilidc.com