



CREDIT CARD AUTHORIZATION FORM

Amount: \$ 100.00 (Non-Refundable)

Payment For: International Application Fee

Student's First Name: _____
Last First Middle Initial

Student's Address: _____
Town/City Province/Zip Code

Last Four Numbers Student's Social Security Number (Where Applicable): _____

Card Type: Visa Master Card Discover

Card Number: _____

Card Expiration Date: _____
Month Day Year

Card Security Code: _____

Card Holder's First Name: _____
Last First Middle Initial

Card Holder's Address: _____
Town/City Province/Zip Code

**Please fax to WVU Tech Office of Student Accounts: 304-442-1029
ATTENTION: Cashier**

THANK YOU