



COLUMBIA COLLEGE

Tysons Campus
8620 Westwood Center Dr.
Vienna, VA 22182
TEL. 703-206-0508

Rockville Extension
20 W. Gude Drive
Rockville, MD 20850
TEL. 301-929-0565

Credit Card Authorization Form

1. Student Information

Student Name: _____ Date of Birth: _____
Last First Middle MM/DD/YYYY

Student ID: _____ Intended Program: _____

Campus: _____ Program Start Date: _____

Address: _____
Street City State ZIP

Phone: _____ Email: _____

Primary Finance Option: Self-payment Financial Aid VA

2. Credit Card Information

Cardholder Name: _____ Card Type: Visa
Last First Middle Mastercard

Billing Address: _____
Street City State ZIP

Credit Card Number: _____ Expiration Date: _____
MM/YYYY

CSV: _____

Amount to charge: \$ _____ (USD)

I, _____, authorize Columbia College to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Additionally, Foreign Transaction Fee, \$60, is charged.

Cardholder Signature: _____ Date: _____