



Credit Card Authorization Form

If you wish to pay your fees with a credit card, print this form, complete it, and fax or mail it to the address of the center you where you would like to attend (see the INTERLINK center addresses on the first page of the application). Do not send this information via email/internet. Please print clearly.

Student's First Name: _____

Student's Last Name: _____

1. Fill in the amount for each applicable item below and write the total in the space provided:

Application fee (\$100)	\$
Express mail fee (\$65)	\$
On-campus housing deposit (\$100-\$250, depending on location)	\$
Homestay application fee (\$200, depending on location)	\$
Total amount to be charged to your credit card	\$

2. Credit Card Information:

Type of card: Visa MasterCard

Card Number																				
Expiration Date					Security Code															

(month) / (year)

3. Cardholder's name (please print): _____

4. Signature of cardholder: _____

5. Billing address

Street: _____

City: _____ State/Province: _____

Country: _____ Zip Code: _____

6. Phone: _____

7. Email: _____

Today's Date (month / day / year): _____