

We major in careers:

Credit Card Authorization Form

Date: _____



To Whom It May Concern:

Ⓟ Check one Ⓟ

I _____
(Print Name)

Transcript Fee

Authorize DeVry Institute of Technology to charge my

Pay to Account

Visa MasterCard American Express Discover Card

Other:

Card #: _____

Expiration Date: ____/____ for the amount of

\$. The funds are to be applied to the

account of: _____
(Print Name)

DSI # or SSN: _____

A phone where you can be reached: _____

Thank you,

(Cardholder's Signature)

Zip Code of Cardholder's billing address: _____

Fax completed form to: 718-269-4289