

Cornerstone University

Credit Card Charge Authorization

My credit card is a:

VISA

MASTERCARD

AMEX

DISCOVER

Name as shown on credit card _____

CCard Billing Address _____

Credit Card Number _____

Exp. Date _____

Billing Zip Code _____

I authorize Cornerstone University to automatically charge my credit card for tuition and fees after the start of each course.

I agree to notify Cornerstone University in writing of any changes in the status of the credit card(s) listed above including cancellation of the credit card or changes in the expiration date. I understand that in the event my credit card is declined for payment, there will be a \$30 late fee assessed to my account (all fees are subject to change).

I have read and fully understand the information listed above. All my questions have been answered to my satisfaction.

I acknowledge that I have read and fully understand the information listed above.

Student Signature _____

Date _____

Print Student's Name _____