



American University of St. Vincent- School of Medicine

Office of Finance

17950 Preston Road, Suite 420, Dallas, Texas, USA 75252

<http://www.ausmed.us>

finance@aussom.org

Toll Free 1-888-928-7633

Fax: 972-484-9970

CREDIT CARD AUTHORIZATION FORM

STUDENT INFORMATION			
Name	_____	Date	_____
Address	_____	City	State _____
Country	Email _____	Phone	_____

CREDIT CARD INFORMATION (Please include only the tuition/fee in the Amount Due column. IAU finance will assess 1.9% of the amount due and process the card for the total amount)					
Amount Due in USD (Tuition/Fee only. Do not include the convenience fee)	\$ _____	Credit Card Type (Please circle)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Credit Card Number	_____ - _____ - _____ - _____				
Expiration Date	MM	YY	3 Digit Code <i>This Code is printed in the signature area on the back of the card.</i>		

CARD HOLDER INFORMATION			
Printed Name:	_____	Telephone Number:	_____
Address:	_____	City, State, Zip:	_____
Country:	_____	Email:	_____
<p>I, _____, give authorization to the American University of St. Vincent (AUS) to charge my credit card account till the above mentioned amount is collected. By signing above, I give authorization to American University of St.Vincent –School of Medicine to charge my credit card for the amount due and to assess the convenience fee of 1.9% over the amount due.</p>			
Authorized Signature	_____	Date	_____

PLEASE SIGN AND FAX THIS FORM TO +1 (972)484-9970

OR

EMAIL : finance@aussom.org