



# Credit Card Payment Authorization Form

# WAYNE STATE UNIVERSITY

Study Abroad & Global Programs

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## Program Information:

Program Name Program Location

## Applicant Information:

Preferred First Name/Nickname Last Name Full Legal Name (as on passport)

Current Address

City State/Province Postal Code

Phone Alt. Phone E-mail \*Most correspondence from our office will be via e-mail. Please list one you check regularly.

WSU ID #  
9-digits

## Credit Card Information

Cardholder Name

Type of Card	Card Number
	Expiration Date
	Amount of Payment

Cardholders Signature Date

## For Office Use Only:

Credit Card

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Form