

WAYNE STATE UNIVERSITY

Study Abroad and Global Programs

Credit Card Payment Authorization Form

Applicant Information: *Type or Print*

Last Name First Name Middle Name

Current Address

City State Zip Code

Phone Email

WSU ID #

Credit Card Information

Cardholder Name

Type of Card <input type="radio"/> Visa <input type="radio"/> MasterCard	Card Number
	Expiration Date
	Amount of Payment

Cardholder Signature Date

Travel Information

Place of Travel

Program Name	Term
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For Office Use only: