

MS-ISP
PO Box 98000
Des Moines, WA 8198-9800
USA

CREDIT CARD PAYMENT AUTHORIZATION FORM

Student Information

Student ID# _____
(Leave blank if you have not yet received your ID)

Student Name (Last, First) _____

Credit Card Information

Name as it appears on card _____

Cardholder's street address _____

City, state, zip _____ Country _____

Phone number _____

Credit Card Type: Visa MasterCard

Credit Card Number: _____ Expiration Date _____

Security code (printed on the back of the card) _____

**As the cardholder or as a representative of the cardholder noted above,
I hereby authorize the charges as noted.**

Signature _____ Date _____

Fee		<u>OFFICE USE ONLY:</u>		
		QTR/Year	Amount	FEE ID
<input type="checkbox"/>	Application Fee	Load/Charge as received	\$54	IA
<input type="checkbox"/>	Document Shipping Fee	Load/Charge as received	\$50	FR
<input type="checkbox"/>	STEPP Enrollment Fee	_____	\$60	EI
<input type="checkbox"/>	Tuition Payment	_____	\$_____	--