

PAYMENT AUTHORIZATION FORM

I authorize the UTMB Office of the Registrar to send my _____
via overnight mail service and charge the costs to my credit card.

Student's Name: _____

The following is required:

Type of Credit Card: Visa Mastercard American Express Discover

Name as it appears on credit card: _____

Credit Card Number: _____

3 digit security code_(found on back of card):_____

Expiration Date: _____

Current Address: _____

Daytime telephone number: _____

Printed Name

Signature

Date