

Government/Corporate Third-Party Credit Card Payment Form

(This form is for use with U.S. Federal, State, or Corporate credit cards ONLY and not for use of personal credit cards)

If you wish to pay by credit card, please complete, sign, and mail or fax this form to:

The George Washington University
Office of the Cashier
Marvin Center, Ground Floor
800 21st Street NW
Washington, DC 20052

(Tel) 202/994-6200

(Fax) 202/994-0578 or 202/994-0030

Student's Name: _____ Invoice Number: _____

Student's Social Security Number: ____ - ____ - _____

Note: If payment is for multiple students, please include a list and the amount of payment for each along with the invoice and social security numbers.

Type of Card: Visa Mastercard
(Mastercard or Visa ONLY)

Card Number: _____

Expiration Date (MM/YYYY): ____ / _____

Daytime Phone Number: _____ Fax Number: _____

Cardholder's Address: _____

I authorize the George Washington University to charge \$ _____ to my Corporate, Federal Government, or State Government credit card.

Signature: _____

Date (MM/DD/YYYY): ____ / ____ / _____

For Office Use Only:
Authorization No. _____ Reference No. _____