

DEBIT AUTHORIZATION

Florida Christian University, Inc. 5950 Lakehurst Drive # 101 Orlando, Florida 32819-8347 USA Phone: 407-896-0101 Fax: 407-896-4477 E-mail: student@fcuonline.com www.floridachristianuniversity.edu

STUDENT INFORMATION		
NAME		STUDENT NUMBER
E-MAIL		
CARD INFORMATION		
FULL NAME ON THE CREDIT/DEBIT CARD		PHONE NUMBER
ADDRESS		
СІТҮ	STATE	ZIP CODE
CARD NUMBER	EXPIRATION DATE	CVV SECURITY CODE
CREDIT CARD: VISA MASTER CARD AMERICAN EXPRE	ess 🗌 discover 🗌 othei	R
MONTHLY PAYMENT: US\$ 289.50 (Associado) US \$280.86 (Bachelor) US \$364.50 (Master 60 credits) US \$359.00 (Master 90		. (Master 40 credits)) (Ph.D. 60 credits)
□ US \$419.00 (Ph.D. 90 credits) □ US \$458.63 (PostDoc)		
ENROLLMENT OTHER		
REGULATIONS		
THIS CREDIT AUTHORIZATION FORM IS USED FOR THE PAYMENT OF TU		
IF YOU DESIRE TO CANCEL YOUR AUTOMATIC MONTHLY PAYMENTS, PL		
 IT IS THE STUDENT'S OBLIGATION TO INFORM THE UNIVERSITY OF AI CARD NUMBER, IF YOUR CREDIT CARD EXPIRED, OR ANY ISSUES THAT Y 		RIZATION, SUCH AS A NEW CREDIT
I AUTHORIZE THE AUTOMATIC MONTHLY PAYMENT OF TUITION IN MY	CREDIT CARD WITH THE VALUE ESTA	BLISHED ABOVE.
NOTE	_	_
SIGANTURE		DATE
] [

INTERNATIONAL HEADQUARTERS ● 5950 LAKEHURST DRIVE STE. 101 ● ORLANDO, FLORIDA 32819-8343 ● USA ● TEL: 1-407-896-0101 ● FAX: 1-407-896-4477 E-MAIL: STUDENT@FCUONLINE.COM ● WWW.FLORIDACHRISTIANUNIVERSITY.EDU