



One Time Credit Card Payment Authorization Form *for ESL Students*

Student Name: _____

Cardholder Name: _____

Relationship to student: _____

Card Type: MasterCard Visa American Express Discover

Card Number: _____

Exp. Date: _____ Security Code: _____

Billing Address: _____

Phone: _____ Email: _____

I authorize Southern Arkansas University to charge my credit card for the one-time fee(s) checked below () , on or after the date indicated:

\$50 for the SAU-ESL application*

\$50 for FedEx courier service

\$50 for conditional (under)graduate admission*

\$ _____ for _____

The total amount charged to my account will be US\$ _____.

Cardholder: _____
(Signature)

(Date)

Please submit form to: pkandidatov@saumag.edu

**All application/admission fees are non-refundable*