



# Italy Program Payment Authorization Form

Consortium Office, KU – School of Business, 1300 Sunnyside Ave., Room 124, Lawrence, KS 66045-7585  
785-864-7576 (Phone) OR 785-864-7606 (Fax)

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

University: \_\_\_\_\_

Program: Fall Spring Summer Year: \_\_\_\_\_ Level: Graduate Undergraduate (circle one)

**A) \_\_\_\_\_ CHARGE MY CREDIT CARD, (if you would like to split the cost between two credit cards, see below):  
All credit card transactions will incur a 2.5% fee.**

Application Fee Charge \$ \_\_\_\_\_  Charge Now  
First Deposit Charge \$ \_\_\_\_\_  Charge Now  
Second Deposit (summer only) Charge \$ \_\_\_\_\_  Charge Now  Charge on Due Date March 1<sup>st</sup>

Card Type (circle one): VISA MASTERCARD DISCOVER AMEX

Print Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

3-digit Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

**B) \_\_\_\_\_ PAYMENT BY CHECK. (Be sure to include the student's name, and session attending. Failure to do so could result in a delay of payment and an additional late fee.)**

Application Fee Check # \_\_\_\_\_  Cash Now  
First Deposit Check # \_\_\_\_\_  Cash Now  
Second Deposit (summer only) Check # \_\_\_\_\_  Cash Now  Cash on Due Date March 1<sup>st</sup>

**C) \_\_\_\_\_ CHARGE AN ALTERNATE CREDIT CARD FOR PART OF THE COSTS:  
All credit card transactions will incur a 2.5% fee.**

Application Fee Charge \$ \_\_\_\_\_  Charge Now  
First Deposit Charge \$ \_\_\_\_\_  Charge Now  
Second Deposit (summer only) Charge \$ \_\_\_\_\_  Charge Now  Charge on Due Date March 1<sup>st</sup>

Card Type (circle one): VISA MASTERCARD DISCOVER AMEX

Print Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Expiration Date: \_\_\_\_\_

3-digit Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_