UNIVERSITY OF CENTRAL OKLAHOMA
International Services

Credit Card Authorization Form

1) Type of credit card:

☐ Visa ☐ Master ☐ American Express ☐ Discover

2) Full name of cardholder exactly as it appears on card:

3) Credit card Information:

Credit Card Number:

Expiration:

m m/ y y

3 digit verification #:

(Please refer to the back of your credit card)

I authorize the following amount(s) to be charged to the above credit card:
(check any that apply to you)

☐ $25 APPLICATION FEE (Undergraduate) ☐ $50 APPLICATION FEE (Graduate)
☐ $40 DHL EXPRESS MAIL CHARGE ☐ Other (please specify)_____

Applicant Name: _____(last) _____(first)
UCO ID (if available): *_____
Country of Origin: _____
Entry Term: ☐ Fall (August) ☐ Spring (January) ☐ Summer (June)

_____ _____
Signature of cardholder Date

Please send your completed form by:
Mail: *University of Central Oklahoma*
International Services
100 N University Drive
Edmond, OK 73034, USA
OR
Fax: *1.405.974.3842*
OR
Email: *international@ucok.edu*

For Office Use Only

Date Received: ____/____/____
Received Method: ☐ Mail ☐ Fax ☐ Email ☐ Other
Received By: _____ (Staff Initial)
Charged on: ____/____/____ (date of transaction)
Charged by: _____ (Staff Initial)
Amount Charged: $_____

** Please note this is an unsecured transaction due to the delivery method but UCO International Services would do our very best to uphold the security of the information provided as above.*