UC RIVERSIDE UNIVERSITY OF CALIFORNIA

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CREDIT CARD AUTHORIZATION

STUDENT'S NAME: _____
Last Name First Name Middle Name

STUDENT'S ID NUMBER (IF KNOWN): _____

VISA / MASTERCARD NUMBER: _____

EXPIRATION DATE (MONTH/YEAR): _____

CARD HOLDER'S NAME: _____

CARD HOLDER'S SIGNATURE: _____

I AUTHORIZE THE REGENTS OF THE UNIVERSITY OF CALIFORNIA (UC RIVERSIDE – EXTENSION) TO CHARGE US_____ TO MY CREDIT CARD TO PAY FOR STUDENT'S TUITION AND FEE'S REFERENCED ABOVE.

PLEASE ITEMIZE HOW PAYMENT SHOULD BE APPLIED TO STUDENT:

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PLEASE FAX TO +1-951-827-5796