**Credit Card Authorization Form**

**CARDHOLDER INFORMATION:**

Name:      Address:

 Billing Street Address:       City:       State:

Postal Code:        Country:          Email:

Direct Telephone: (     )-      -

I hereby affirm that I am the owner of the below referenced credit card and that **my name** is listed on the front of the credit card.

I hereby authorize Tantur Ecumenical Institute for Theological Studies to charge my credit card in the amount of $     . Plus 3% to cover for credit card fees in payment of *(Name and Date of Program)*:        .

**CREDIT CARD INFORMATION**

Credit Card Type: MasterCard **[ ]** Visa [ ]

Number:

Expiration Month:       Expiration Year:       Security Code/CVV:

Cardholder Signature: Date: (day/mo/year)      **/****/**

*Please return these documents signed along with a copy of your passport and Credit card to the Director of Finance Mr. Jiries Asfour at ajiries@nd.edu*