



CREDIT CARD AUTHORIZATION FORM

Please fax or mail this form to Family & Graduate Housing at (217) 244-1200 to authorize payment of charges indicated below. Do not email this form or any credit card information. For questions, please feel free to contact Family & Graduate Housing at (217) 333-5656 or apartments@illinois.edu

Name: _____
(Please print) First Middle Last

Name as it appears on credit card: _____
(Please print)

Type of credit card: ___ Visa ___ MasterCard ___ Discover ___ American Express

Credit Card No: _____

Expiration Date: _____ *CV2 Code: _____

*The CV2 Code is the three digits on the back of the credit card to the far right of the signature.

Zip Code for credit card: _____

Please indicate authorized charge below:

_____ Housing Deposit (\$250)

_____ Guest Housing

_____ Short Term Lease

_____ Pre-School Application Fee (\$50)

_____ Pre-School Tuition

_____ Other

Signature of cardholder: _____

Date: _____

Student's name: _____

<i>Office Use Only</i>
Processed by: _____
Date Processed: _____