

Credit Card Payment Form

(Off Campus Students Only)

If you wish to pay by credit card, please complete, sign, and mail or fax this form with your invoice to:

The George Washington University
Office of the Cashier
Marvin Center, Ground Floor
800 21st Street NW
Washington, DC 20052

(Tel) 202/994-6200

(Fax) 202/994-0578

Name: _____ GWid: _____

Work Phone: _____ Home Phone: _____ Semester: _____

Type of Card (Mastercard or Visa ONLY): Visa Mastercard

Card Number: _____ Expiration Date (MM/YYYY): ____ / _____

Amount to be Paid by Credit Card: \$ _____.

Signature: _____ Date (MM/DD/YYYY): ____ / ____ / _____

Note: Credit card payments are not accepted as payment for any on campus courses.

For Office Use Only:

Authorization No. _____ Reference No. _____