



## CREDIT CARD AUTHORIZATION

I hereby authorize Hebrew Union College-JIR (HUC) to charge my credit card for payment on the following student's account.

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Check one:

American Express \_\_\_\_\_  
Discover \_\_\_\_\_  
MasterCard \_\_\_\_\_  
VISA \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

In the amount of \$ \_\_\_\_\_

Check one:

One Time Only \_\_\_\_\_ Date: \_\_\_\_\_  
Monthly \_\_\_\_\_ Beginning: \_\_\_\_\_  
Quarterly \_\_\_\_\_ Beginning: \_\_\_\_\_

Send this form to:

Hebrew Union College-JIR  
Attention: Business Office  
3101 Clifton Avenue  
Cincinnati, Ohio 45220

If you have any questions, call (513) 487-3213 or (800) 488-8720 extension 3213 or email [studentbilling@huc.edu](mailto:studentbilling@huc.edu).