



Credit Card Payment Form

I, _____, hereby authorize UWSP to charge my credit card account in the amount of:

- \$100 University Application Fee
- \$150 English as a Second Language Program and University Application Fee
- \$100 English as a Second Language Program only Application Fee
- \$110 University Graduate Application Fee

Type of Credit/Debit Card (circle one):

VISA Master Card Discover

Expiration Date: ___ / ___
 Month Year

**Please print this form and fax it to
1-715-346-3819**

Print Credit Card Holder's Full Name

Student Name

Credit Card Holder's Street Address

Phone

City

Country

Country Code or Zip Code

Card Number

CV Code

Month / Year of Card Expiration Date

Signature

Today's Date