



**Authorization to Charge Credit Card
One-Time Payment Only**

Student's Name:

Amount:

\$ _____

Semester:

Payment Description:

I request and authorize **Atlanta's John Marshall Law School** to charge my credit card according to the above information.

Name on Credit Card:

Credit Card Number:

3 or 4 Digit Security Code:

Card Type:

Expiration Date:

I authorize Atlanta's John Marshall Law School to charge my credit card for the amount indicated above. I understand that there may be a 3-day period as to when my card may be charged due to business operating hours, school closings, etc. I understand that this is a one-time payment and this form will not be used to authorize any additional payments. Additionally, I understand that I am responsible for all payments not authorized or approved by my credit card company or bank. By signing below, I agree to the terms of this authorization form.

Card Holder Signature:

Date Signed:

**All completed forms should be submitted to the Office of Student Accounts
Fax Number: 404-873-1609**