



**Authorization to Charge Credit Card  
Recurring Payments Only**

Student's Name:

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Monthly Amount:

Semester:

Date to Process:

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

Name on Credit Card:

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Credit Card Number:

3 or 4 Digit Security Code:

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Card Type:

Expiration Date:

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I authorize Atlanta's John Marshall Law School to charge my monthly tuition payments for the amount indicated above on the dates 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 authorizations form.

Card Holder Signature:

Date Signed:

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**This authorization expires at the end of the semester  
All completed forms should be submitted to the Office of Student Accounts  
Fax Number: 404-873-1609**