

DO NOT EMAIL THIS FORM

IELTS CREDIT CARD AUTHORIZATION FORM

Please fill this form out completely and submit to the PALS Office (By Mail, In Person or By Fax: **973-353-1438**). **American Express is not accepted.**

DO NOT EMAIL the form to our office.

Candidate's Name: _____
(Family/ Last Name) First Name

Email Address: _____

Phone No: _____

TEST DATE: _____

TEST MODULE (Choose One): **ACADEMIC** **GENERAL TRAINING**

CARDHOLDER INFORMATION

First Name (as it appears on card): _____

Last Name (as it appears on card): _____

Cardholder's Relationship to student: _____

Cardholder Billing Address: _____

Type of Credit Card (Visa, MC, Discover): _____

Credit Card No.: _____

Credit Card Expiration Date: _____

CVV Security Code (3-Digit Code): _____

Total Amount to be charged (USD): \$ _____

Description of Charge: _____

Print Name of Cardholder: _____

I authorize Rutgers, the State University of New Jersey / Program in American Language Studies (Newark Campus), IELTS Test Center US 379, to charge my credit card the amount as indicated above and I agree to be bound by the IELTS refund and cancellation policies as outlined on the ielts.org website and IELTS application. I understand that I will be charged the full test fee and will not receive a refund if I cancel my test or request a transfer within five weeks of the test date, unless I provide appropriate medical evidence, within five days of the test date, to support the cancellation or transfer.

Signature of Cardholder: _____ **Date:** _____

Please fill this form out electronically, Print and Sign it.