

**PALS CREDIT CARD AUTHORIZATION FORM 2020-2021**

**DO NOT EMAIL THIS FORM**

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

**DO NOT EMAIL the form to our office.**

Student's Name: \_\_\_\_\_  
 (Family/Last Name) \_\_\_\_\_ First Name \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

**Please check the session you would like to make a payment for:**

<input type="checkbox"/>	FALL 2020, Intensive Program	September 1 - December 15, 2020	Pay By August 18, 2020
<input type="checkbox"/>	FALL 2020, Evening Program	September 1 - December 15, 2020	Pay by August 24, 2020
<input type="checkbox"/>	FALL 2020, Saturday Program	September 5 - December 12, 2020	Pay by August 24, 2020
<input type="checkbox"/>	SPRING 2021, Intensive Program	January 19 - May 3, 2021	Pay by January 5, 2021
<input type="checkbox"/>	SPRING 2021, Evening Program	January 19 - May 4, 2021	Pay by January 5, 2021
<input type="checkbox"/>	SPRING 2021, Saturday Program	September 23 - May 8, 2021	Pay by January 5, 2021
<input type="checkbox"/>	SUMMER 2021, Intensive Program	June 1 - August 18, 2021	Pay by May 18, 2021
<input type="checkbox"/>	SUMMER 2021, Evening Program	June 1 - August 19, 2021	Pay by May 18, 2021
<input type="checkbox"/>	SUMMER 2021, Saturday Program	June 5 - August 21, 2021	Pay by May 18, 2021

**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:** \_\_\_\_\_

**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:** \_\_\_\_\_

**Signature of Cardholder:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I authorize Rutgers, the State University of New Jersey / Program in American Language Studies (Newark Campus), to charge my credit card the amount as indicated above and I agree to be bound by the PALS refund and cancellation policies as outlined on the PALS Application Form.

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