

## STUDY ABROAD PROGRAMS CREDIT CARD AUTHORIZATION FORM

I,(please print name) hereby authorize University of Calga	ary
International to charge the specified credit card to be provided by phone call for program fees fo	
(participant's name) in the	_
Study Abroad Program	n.
PAYMENT DETAILS:	
Amount: \$	
Name as it appears on card:	_
Billing Address:	
Contact Phone Number:	_
Best time to call (between 8:45 am and 4:15 pm, Monday to Friday):	
Cardholder Signature:	
By signing this form, I agree to pay the specified amount as detailed on this document.	
Group Study Program participants: return this form by email to group.study@ucalgary.ca	
Exchange participants: return this form by email to your designated exchange advisor	
All other Study Abroad participants: return this form by email to study.abroad@ucalgary.ca	
For security reasons, please do not write your card details on this form - we will phone to collect your details upon receipt.	
Thank you for your assistance.	

University of Calgary International Study Abroad Programs MacKimmie Tower 501 Phone: 403-220-8922