



STANTON UNIVERSITY

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One-Time Credit Card Authorization Form

Sign and complete this form to authorize Stanton University to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission to single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize Stanton University to charge my credit card
(Cardholder's Full Name)

account indicated below for \$ _____ on _____.
(Amount) (Date)

Card Details

Visa MasterCard Discover American Express

Cardholder Name: _____

Card Number: _____

Expiration Date _____ / _____

CVV: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature _____

Date _____