



ONLINE PAYMENT AUTHORIZATION FORM

Name: _____
Billing Address: _____
City, State: _____ Zip Code: _____
Phone Number: _____ Email: _____

Application Fee: \$ _____

Enrollment Deposit: \$ _____

Tuition Payment: \$ _____

Recurring Amount to Charge (Monthly): \$ _____

Other Amount: \$ _____ Description: _____

Total to Charge: _____

By signing this form, you authorize The School of Architecture at Taliesin to charge this credit card for the amount(s) listed above and to process recurring payments in the amount listed above on the 1st day of the month.

Signature: _____

Date: _____