



EASTERN UNIVERSITY
Department of Nursing

STUDENT ACCOUNTS CHARGE AUTHORIZATION FORM

Mail form with admissions application or fax (610-225-5016), attention Gilda Jean-Louis

I, _____ Student ID# _____
PRINT NAME AS IT APPEARS ON THE CARD ID# OR SS#

Program RN REFRESHER Session _____ Phone/Cell _____

Best way/time to reach me: _____ Email _____

Address _____

City/State/Zip _____

I Do hereby authorize Eastern University to charge my:

Mastercard / Visa _____
(CIRCLE ONE) CARD NUMBER EXP. DATE

The total amount of \$ 1,800.00 payable in full

SIGNATURE OF CARDHOLDER DATE

Office use:		
RECEIVED BY _____	TITLE _____	DATE _____
Credit account# _____ for the RN Refresher Program Session# _____		
Date sent to Student Accounts _____		