



## Credit Card Authorization Form

Please fax or mail this form to Family & Graduate Housing at (217) 244-1200 to authorize payment of charges indicated below. Do not email this form or credit card information. For questions, feel free to contact Family & Graduate Housing at (217) 333-5656 or [apartments@illinois.edu](mailto:apartments@illinois.edu).

**Name:** \_\_\_\_\_  
Please print:                      Last (Family name)                      First                      Middle

**Name as it appears on the credit card:** \_\_\_\_\_  
Please print

**Type of credit card:**    MasterCard                       Visa                       American Express                       Discover

**Credit Card Number:** \_\_\_\_\_                      **Expiration Date:** \_\_\_\_\_

**CV2 Code (three digits on the back of the card to the far right of signature):** \_\_\_\_\_

Please indicate authorized charge amount below:

**Amount**

- \_\_\_\_\_ Housing Deposit (\$250)
- \_\_\_\_\_ Guest Housing
- \_\_\_\_\_ Short term lease
- \_\_\_\_\_ Pre-School Tuition: Monthly or Semester                      Student(s) Name(s) \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

**Signature of cardholder:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

<b>Office use only:</b>	
Lease number:	_____
AP #	_____
Processed by:	_____
Date processed:	_____

*Please retain a copy for your records.*