

Credit Card Authorization Form – FOR PROGRAM DEPOSITS ONLY

Student Name: _____
Student ID#: R _____

Name on Credit Card: _____
Card Holder Contact Info:
Phone:(____) ____ - ____ Fax:(____) ____ - ____
Email: _____ @ _____

MasterCard/VISA Number:

Exp ____ / ____

V-Code ____



Verification Code. A 3 digit, non-embossed number found on the REVERSE side of the card. It will be printed on the signature line panel following the last 4 digits of the credit card number.

Billing address of card: _____

Zip Code _____

Amount to be charged: \$ _____.

Amount to be applied to: **New Student Deposit ***

Select Program:

Rollins Professional MBA (PMBA)

Finance dept. use: PMBA start term codes: 19 fall, 11 spring

Rollins Early Advantage MBA (EAMBA)

Finance dept. use: EAMBA start term codes: 19 fall

Rollins Key Executive MBA (KEMBA)

Finance dept. use: KEMBA start term code: 28 (fall start only)

Rollins Saturday MBA (SMBA)

Finance dept. use: SMBA start term code: 21(spring start only)

Select Your Start Term:

Fall 20__ __ Spring 20__ __

I authorize Rollins College to charge my credit card for the above amount.

Signature: _____

***This form may be used one-time only for new student deposits.
All subsequent tuition payments via credit card must be made through
Campus Pipeline available at <http://foxlink.rollins.edu>.**

Please fax your **new student deposit**, to: **407-975-6497**