CREDIT CARD AUTHORIZATION FORM

Belize Campus: Sea Grape Drive ◆ San Pedro Town, Ambergris Caye, Belize
U.S. INFORMATION OFFICE ADDRESS: 6956 East Broad Street, Suite 400 ◆ Columbus, OH 43213





Washington University of Health and Sciences

WUHS

Your completion of this authorization helps us to protect you from credit card fraud. All information entered on this form will be kept strictly confidential. Please print out, complete this authorization form and return it to the Finance Department for processing. I authorize the charges to the credit card by signing below.

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