

**HARVARD MEDICAL SCHOOL  
VANDERBILT HALL**

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**Credit Card Payment Authorization Form**

Please charge \$ \_\_\_\_\_ to my credit card for Vanderbilt Hall athletic membership charges for the period of \_\_\_\_\_ to June 30, 2016.

(Please contact the Vanderbilt Business Office for current rate).

Credit Card Number	
Credit Card Type	(circle) VISA    MASTERCARD    AMEX
Expiration Date	
V-Code	
<b>REQUIRED FOR INTERNATIONAL CHARGES --</b> The V Code is found on the back of your Visa or MasterCard, in the signature box. The last 3 numbers there are the V code.	
Signature	
Print Name	
Today's Date	

<b>Business Office Use Only</b>	
Date Received: _____	By: _____ Amount: _____
Entered by: _____	Date Entered: _____
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