

UP OPEN UNIVERSITY

CREDIT CARD PAYMENT AUTHORIZATION

This is to authorize the UP Open University to bill my credit card the amount of P _____ as payment for my fees for _____ semester 20__ to 20 ____.

(please check the type of card)

Visa

Master Card

JCB

Card No.

Expiry date : Last three (3) digits at the back of your card

(Month) (Year)

Cardholder's name : _____

Cardholder's signature : _____

Refund policy: Any refund, as provided in the rules and regulations on refund of fees will be processed net of the discount rate.