

7380 W Sand Lake Rd,
Suite 500
Orlando FL 32819
TEL 407-801-5140
Email: billing@iulf.education

CREDIT CARD PAYMENT FORM

Student Name: _____

Program Name: _____

Amount: \$ _____ (*Minimum authorized amount \$40*)

Credit Card#: _____

Expiration Date: ____/____/____ VCode: _____

Name on Credit Card: _____

Credit card billing address: _____

Zip Code: _____

Date: _____ (MM/DD/YR)

I hereby authorize IUL to debit my credit card for the above amount:

One time Monthly on first of each month

***Signature of Card Holder**

**Electronically typing your name on this form is equivalent to a manual signature*

[Send](#)