



UNIVERSITY OF THE PHILIPPINES
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 MasterCard JCB American Express

Card No. :

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

Cardholder's name: _____

Cardholder's signature: _____

Issuer Bank: _____

Please indicate the last 4 digits below your credit card (if available):

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