

TRANSCRIPT CREDIT CARD PAYMENT FORM

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I, _____ authorize the International Center at Pablo de Olavide University to charge my: Mastercard Visa (American Express not accepted) for the amount specified above: _____ € (in words: _____ euros).

Credit card number:

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Expiration date: _____/_____/_____ (month/year).

Important:

Please send this authorization via email to the International Center: intl@upo.es. Please be sure to attach a photocopy of both sides of the credit card being used for payment.

SIGNATURE

DATE