

**USC Keck School of Medicine
Office of Student Affairs
Keith Administration Building
1975 Zonal Ave, Suite 100
Los Angeles, CA 90089
Phone (323) 442-2553 IFax (323) 442-2051**

Credit Card Authorization Form

I would like to pay the following fee(s):

- 1st Visiting Student Clerkship - \$200
- 2nd Visiting Student Clerkship - \$175
- International Visiting Student Clerkship - \$500
- Malpractice - \$35

MasterCard Visa Discover

Please type or print (use pen only)

Full Name of Cardholder: _____

Billing Address: _____

City, State, Zip Code: _____

Contact Number: _____

Credit Card Number: _____

Expiration Date: ___/___ CW# (3digit security code) _____

I authorize the charge to my credit card in the amount of \$ _____

Cardholder Signature

Date