



Third Party Billing
Fax Payment Authorization Form

For Third Party Billing Agencies Only!!

To: George Mason University
Student Accounts/Third Party Billing
4400 University Drive, MSN 2E2
Fairfax, VA 22030-4444

Fax: (703) 993-2460

Credit Card Authorization

Date: _____ **VISA/MasterCard (circle one)** **Agency G#:** _____

Credit Card #: _____ **Expiration Date:** _____

Amount: _____ **Term:** _____

Student Name: _____ **Student G#:** _____

Name of Cardholder (Please Print): _____

Signature of Cardholder: _____

Phone #: _____ **Fax #:** _____

Agency Name and Billing Address:

Receipt: Mail Fax

Please Note: Third Party Billing charges a \$25.00 processing fee. Please refer to Third Party Procedures for more information (<http://studentaccounts.gmu.edu>).