



ENGLISH
LEARNING
INSTITUTE

Building Educational Success Together

English Learning Institute
6320 Quadrangle, Drive Suite 200
Chapel Hill, NC 27517
Website: elinc.edu
Email: admission@elinc.edu
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Payment Authorization Form

This form should be used when paying for ELI fees such as tuition or other fees. Please indicate the fee(s) that you will be paying below by checking the box(es).

- Application fee (\$250)
- I-20 express fee (\$85 domestic)
- I-20 express fee (\$150 international)
- I-20 form fee (\$250)
- Medical insurance (\$650/term)
- Other: _____

Please print legibly when filing out the following information.

Student Name: _____

Total amount: \$_____

Credit Card Type:

- American Express
- Visa
- MasterCard
- Discover

Credit Card Holder	
Zip Code	
Card Number	
Expiration Date (month/day/year)	
Security Code	

By signing below, I acknowledge that I am authorizing ELI to charge a total of \$_____ to my credit card for the fees indicated above. Further, I understand ELI will need to charge 4% for the credit card processing fee.

Signature of Card holder

_____/_____/_____
Month Day Year