

VALENCIA COMMUNITY COLLEGE
International Student Health Insurance Payment Options

STUDENT INFORMATION

Student Name: _____ Date: _____

Valencia Identification Number (VID): _____ Phone: _____

Local Florida Address: _____

PAYMENT AMOUNT

<u>Premium to be paid:</u>	<u>Coverage period</u>	<u>Period of enrollment:</u>
<input type="checkbox"/> \$637.00	Academic year 2004-2005 (Aug 2004-Aug 2005)	Mandatory for August 2004 to August 2005 enrollment.

PAYMENT BY CREDIT CARD

If you are paying your insurance premium by credit card, please include the following.
Fax completed form to (407) 582-1364:

Credit Card Company: _____

Credit Card Number: _____

Expiration Date: _____

Authorization Statement:

I, _____, give authorization to Valencia Community
(PRINT NAME)
 College to bill the health insurance premium payment to my credit card in the amount indicated above.

Signature required: _____

PAYMENT BY WIRE TRANSFER

Submit the following information to your banking institution.

Wire Instructions

Money wired to: Bank of America
To be deposited to: Valencia Community College
Account: # 3661068488
ABA: # 063100277
RE: International Student Insurance

Student's full name must be included on wire transfer.

Student's Name: _____

Student's Valencia ID #: _____

Have your bank direct

1. International US dollar wire transfers to:
 SWIFT ID BOFAUS3N

2. Non-US dollar international wire transfers to:
 SWIFT BIFAUS6S

Address:

Bank of America
 P.O. Box 31019
 Tampa, FL 336331