

Credit Card Authorization Form

Please complete all the information below. Please print clearly.

Student Name: _____

Student ID #: _____

Payment for Year/Term: _____

Authorized Amount to Charge: \$ _____

Cardholder Information

Print Cardholder Name As It Appears on Card (required):

Address of Cardholder (same as credit card statement billing address):

Street: _____

City, State and Zip: _____

Email (required): _____ (confirmation receipt will be emailed)

Cardholder Telephone Number (optional): _____

By signing below, I agree to pay the authorized amount

Student's Signature: _____ Date: _____

Or Check One: Mail/Fax authorization Phone authorization

Please check one Mastercard VISA Discover

Card Number: _____ (16 digits)

Expiration Date: _____ CVC Code: _____

**FOR OFFICE
USE ONLY**

(Staff Initials) _____