

# 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) \_\_\_\_\_

AUTH# \_\_\_\_\_

BATCH # \_\_\_\_\_

MC/VS/DSC# \_\_\_\_\_

Circle one

Last 4 digits of card