

PAYMENT AUTHORIZATION



STUDENT INFORMATION

Name _____ ID# _____

Current Address:

Street _____ Apt. _____

City _____ State _____ Zip code _____

Phone Number _____

Apply Payment to:

Semester: _____ Other: _____

AUTHORIZATION AND PAYMENT

Check enclosed Visa MasterCard Discover American Express

Credit Card Number _____ Exp. Date _____

Amount authorized to be charged \$ _____

BILLING ADDRESS AND SIGNATURE *(required if card is not present)*

Billing Address _____ Zip Code _____

Signature of credit card holder _____ Date _____

*NOTE: Cardholder's Signature, Card Expiration Date, Billing Address, and Billing Zip Code are REQUIRED for charge card use.