



**Bursars Office**

**Credit Card Authorization Form**

**CARDHOLDER INFORMATION**

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Email \_\_\_\_\_

Direct Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AUTHORIZATION**

I authorize a one-time charge against my credit card for the follow amount \$ \_\_\_\_\_

I authorize a recurring charge against my credit card for the following amount

\$ \_\_\_\_\_ once every \_\_\_\_\_ day(s)/week(s)/month(s)/year(s) beginning

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and ending after \_\_\_\_\_ payments.

**CREDIT CARD INFORMATION**

Credit Card Type:  MasterCard  Visa  American Express

Last four (4) digits of credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Security Code: \_\_\_\_\_

**Note:**

**It must include a copy of the Credit card holder ID**