CREDIT CARD PAYMENT AUTHORIZATION BY FAX

Northwestern Christian University / FAX: 1-727-494-1513

Instructions: Fax the completed and signed form.

Applicant/Student Number: _____

Card Holder's Name: _____
(PRINT as it appears on credit card)

Billing Address: _____
_____
(Include City & Zip Code)

Phone Number: _____ **E-Mail Address:** _____

Card Type: VISA MASTERCARD
(Circle One)

******Note: We do not accept American Express or Discover******

Credit Card Number: _____ - _____ - _____ - _____
(16 digits)

Expiration Date: _____/_____ **Card Verification Number**: _____
(Month / Year) (Last 3 digits on back of card)

Authorized Charge Amount: $ _____
(U.S. Currency)

Reason for charge:
(√ Check One)

___ *New Enrollment (Initial Payment)*
___ *Monthly Payment (Students)*
___ *Special Support Offering*

By the signature listed below, I hereby authorize Northwestern Christian University to charge my credit card for the amount listed above.

Authorized Signature: _____

Date: _____

*Please make copies of this form for future use. New forms must be submitted for future charges.