



CREDIT CARD PAYMENT AUTHORIZATION

INSTRUCTIONS: Complete and sign this form electronically or download the form, complete, and sign/date. Please be sure to password-protect the completed form as an attachment and email it to: VatterottFinance@outlook.com

Student Information

***Required**

*Student Name: _____

*Campus Location: _____

Student ID : _____

Cardholder Information

*** Required**

*Name as it appears on the credit card: _____

*Card Type: ☐ Visa ☐ MC ☐ Discover

*Card Number: _____ Exp. date: _____

*3-digit verification number: _____ (located on the back of the credit card)

*Address:
(where statement is mailed) _____

*City, State and Zip: _____

*Phone Number: _____

*Email Address: _____

Payment Information

*** Required**

*Payment Amount: \$ _____ *No. of Payments: _____ *Payment Start Date: _____

*Frequency: ☐ One-Time Payment ☐ Weekly ☐ Bi Weekly ☐ Monthly

*Signature of Cardholder: _____ *Date Signed: _____

INTERNAL USE ONLY

Verbal authorization may be acquired in place of the actual Signature of Cardholder:

Name of the Person (Cardholder) _____

granting verbal authorization to charge the Payment Information included on this form.

Name and Signature of the Person _____

who received the verbal authorization over the phone on: _____