HOWARD UNIVERSITY **Spring 2012 Career Exploration Fair**

UNIVERSITY CASHIER'S OFFICE

CREDIT CARD AUTHORIZATION

FOR STUDENT AND BUSINESS TRANSACTIONS

HOWARD UNIVERSITY

DATE: _____

STUDENT NAME: N/A _____ ID NO: N/A _____

(PRINT NAME)

BUSINESS NAME: _____

DEPT NAME: CEDAR Center formerly Career Services office

000000-R201322-4990-22-05
DEPT ACCT NO: _____

TRANSACTION TYPE: PLEASE CHECK ONE

☐ STUDENT LOANS ☐ STUDENT ACCOUNTS ☐ ENROLLMENT FEE

☐ APPLICATION FEE ☐ CONFERENCE/SEMINAR ☐ GOOD-FAITH DEPOSIT

☒ OTHER: Career Fair Payment

TO MAKE PAYMENT BY CREDIT/DEBIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION AND FAX THIS FORM TO THE UNIVERSITY CASHIER AT (202) 483-7056

CARDHOLDER NAME: _____

EXACTLY AS IT APPEARS ON THE CREDIT/DEBIT CARD - PLEASE PRINT

☐☐☐ Security Number On back of Card

METHOD OF PAYMENT

☐ Amex ☐ Discover ☐ Mastercard ☐ Visa ☐ Debit Card (Visa or Mastercard LOGO Only)

Credit Card #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp. Date: ☐☐ / ☐☐

I AUTHORIZE HOWARD UNIVERSITY TO CHARGE MY CREDIT/DEBIT CARD FOR SERVICES RENDERED. I AGREE NOT TO CONTEST THIS CHARGE UPON APPROVAL OF MY CREDIT.

Signature: _____ AMOUNT: $ _____

Address: _____ HOME TELEPHONE NO. _____

CITY, STATE & ZIP CODE MUST BE INCLUDED

WORK TELEPHONE NO. _____

City: _____ State: ☐☐ Zip Code: ☐☐☐☐☐

bdsmith@howard.edu
Supervisor Credit Operation

2400 6TH STREET, NW #115
WASHINGTON, DC 20059

ALL CREDIT CARD INFORMATION IS KEPT IN A SECURE LOCATION AND IS DESTROYED AT THE END OF EACH MONTH

m_l_carter@howard.edu
Manager, University Cashier

OFFICE NO. (202) 806-2630
FAX NO. (202) 483-7056