

# HOWARD UNIVERSITY

UNIVERSITY CASHIER'S OFFICE



HOWARD  
UNIVERSITY

## CREDIT CARD AUTHORIZATION

FOR STUDENT AND BUSINESS TRANSACTIONS

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ ID NO: \_\_\_\_\_  
(PRINT NAME)

BUSINESS NAME: \_\_\_\_\_

DEPT NAME: \_\_\_\_\_ DEPT ACCT NO: \_\_\_\_\_

### TRANSACTION TYPE: PLEASE CHECK ONE

- STUDENT LOANS       STUDENT ACCOUNTS       ENROLLMENT FEE  
 APPLICATION FEE       CONFERENCE/SEMINAR       GOOD-FAITH DEPOSIT  
 OTHER: \_\_\_\_\_

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

slytle@howard.edu  
Manager University Cashier

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