



**HOWARD  
UNIVERSITY**

**Office of Student Financial Services**

**CREDIT CARD AUTHORIZATION**

Student Accounts  
Student Loans  
Collections

**Date**

**Student Name**

**I.D. No.**

**PAYMENT TYPE:** Student Loans

Student Accounts

To make a payment by credit card, please complete the following information and fax a copy of this form to the Office of Student Financial Services at (202) 806-5279.

**Card #**

**Exp Date:**

**Security Code:**

**Credit Card Type:** Amex    Visa    MasterCard    Discover

**Carholder Name:**

PLEASE PRINT

**I AGREE NOT TO CONTEST THIS CHARGE UPON APPROVAL OF MY CREDIT.**

Signature:

Amount: \$

Address:

Home Tel:

Work Tel:

---

**PLEASE DO NOT WRITE BELOW THIS LINE**

**Transaction**

**Processed by:**

**Date**