

Howard University
Student Financial Services
CREDIT CARD AUTHORIZATION

Date _____

Student Name: _____ I.D. No. _____

PAYMENT TYPE: STUDENT LOANS _____ STUDENT ACCOUNTS _____

To make 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# _____ EXPIRATION DATE: _____

CREDIT CARD TYPE: AMEX ___ VISA ___ MASTERCARD ___ DISCOVER ___

CARDHOLDER 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 _____

2400 6th Street NW, Suite 218
Washington, DC 20059

(202) 806-2570
Fax (202) 806-5279