



Credit Card Authorization Form
Application Fee & Housing Deposit

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO
THE OFFICE OF INTERCULTURAL PROGRAMS.

All information will remain confidential!

Student Name: _____

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Print name, sign and date below:

Signed: _____

Dated: _____

Name: _____

Once signed, email the completed form to:

Kara Ryf

kara.ryf@nwc.edu

or

Amanda Enriquez

amanda.enriquez@nwc.edu