



**CREDIT/DEBIT CARD CHARGE AUTHORIZATION FORM**

Please complete this authorization form and return it to us.

All information will remain confidential.

Name of Student: \_\_\_\_\_  
*Last Name Middle Name First Name*

Application Number or Student ID Number: \_\_\_\_\_

**Billing Information:**

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Card Information:**

VISA     MASTER CARD     AMERICAN EXPRESS     DISCOVER

Cardholder Name: \_\_\_\_\_  
*(as it appears on the card)*

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Identification Number: \_\_\_\_\_  
*(MM) (YYYY) (last 3 digits on the back of the credit card)*

Payment Description: \_\_\_\_\_

Total Amount to Charge (for one-time payments): \$ \_\_\_\_\_

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

Credit/Debit Card Holder Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_