

NSU CREDIT CARD AUTHORIZATION FORM

Name on Credit Card: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Credit Card Number: _____ Exp Date: _____

Visa ____ MasterCard ____ American Express ____

For security reasons, please do not include the 3-digit or 4-digit CVV security code on this form. Call us at (954) 262-2137 to complete the transaction or we will call you at the phone number provided above.

One-Time Charge

By signing below, I give NSU authorization to charge my credit card in the amount of \$ _____

Signature: _____ Date: _____

Recurring Charge

By signing below, I give NSU authorization to make regularly scheduled charges to my credit card of \$ _____

Annually [] Quarterly [] Monthly [] to occur on the _____ of _____ to start _____ for a total
(DAY) (MONTH) (MM/DD/YYYY)
 commitment of \$ _____.

Signature: _____ Date: _____

Please indicate whether card is: ____ Business ____ Personal

Business Name, if applicable: _____

Business address: ____ Same as billing address ____ Other (see below)

Business Street Address: _____

City: _____ State: _____ Zip: _____

Gift Purpose:

(For gifts In Memory of or In Honor of someone, please provide the individual's name and address to be notified below)

To protect your personal information, please DO NOT email your credit card number. You may mail it or fax it to University Advancement.
 By providing credit card data, the cardholder grants permission for credit card to be charged by an NSU representative.