NSU Credit Card Authorization

Student Name: ______________________________________   NSU ID: _____________________________

Authorization

I hereby authorize the following charge(s) for the ________________ term(s) to my credit card:

☐ Option 1

A one-time payment of $________________ to be processed on _________________________________________

☐ Option 2

________________ recurring payments of $_________ to be processed on the_____ of each month effective __________

Number of payments  amount  day  date

Visa ☐ MasterCard ☐ American Express ☐

Card Number: __________________________________________________________________________

Expiration Date: ________________________ Billing Zip Code: ________________________________

Signature: ________________________________________ Date: ________________________________

Cardholder’s Contact Information:

Name: ___________________________________________ Relationship to Student: ________________

Telephone number: _______________________________ Email: _________________________________

Delivery Instructions

Print to complete and send to the NSU Office of the University Bursar:

By US postal service to: Nova Southeastern University
Student Accounts
P.O. Box 290060
Fort Lauderdale, FL 33329-0060

By fax to: (954) 262-2473

REV. 6/14