



STUDENT MEDIA AND INFORMATION
RADIOX
3301 College Avenue
Fort Lauderdale, FL 33314-

7796

Business: (954) 262-8457

Fax: (952) 262-3928

REMOTE PAYMENT AUTHORIZATION FORM

Must be completed by the departments Authorized Accounts Manager

Name: _____ Date: _____

Departments/Organization: _____ Client (if applicable): _____

Telephone: _____ Fax: _____

E-mail Address: _____ Postal Address: _____

Name of Event: _____ Date of Event: _____

Authorized Person's Name (Print): _____ Signature: _____

Job Title: _____ (Contact Info if Different): _____

Method of Payment-In-House (Journal Entry): Account # (ex. X-XXXXXX-XXXX) _____ - _____ - _____

Method of Payment-Out of House (Cash, Credit Card or Check): CC# _____

Notes on Methods of Payment:

- Payment Authorization Form- the authorized Accounts Manager must complete and sign**
- Checks**-Please make payable to Nova Southeastern University of NSU and mail or hand deliver.
- Credit Cards**-Complete Credit Card Authorization Fax Form for credit card payment.
- Cash**-Please make a personal record. An Invoice will be submitted to all clients.

Fax to (954) 262-3928 or e-mail in PDF form to wnsu@nova.edu to complete transaction.