

## 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 \_\_\_\_\_  
*Date*

**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