

## Student Activity Fee Credit Card Authorization

Student Name: \_\_\_\_\_ NSU ID: \_\_\_\_\_

### Authorization

I hereby authorize the following charge for a one-time payment of \$ \_\_\_\_\_ to be processed on \_\_\_\_\_  
(Payments may take up to 3 business days from this form being deposited/delivered to the Student Activity Fee  
Accounts Office to be posted to the Cardholder's account).



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

Please complete and submit to:

**Student Activity Fee Accounts Office  
Student Affairs Building, Room 107  
Division of Student Affairs and  
College of Undergraduate Studies**

**This payment should be deposited into:**

**College Name:** \_\_\_\_\_ **Organization Name:** \_\_\_\_\_

By using this credit card authorization form, you are aware of PCI compliance guidelines and must securely store the cardholder information until it is deposited to the Student Activity Fee Accounts Office within 24-48 hours of collection.