

TEXAS SOUTHERN UNIVERSITY

Student Accounting

3100 Cleburne Street, Houston, Texas 77004

Credit Card Authorization Form

Please complete and return via FAX only. Please print all information and sign your signature.

In lieu of my credit card imprint, I _____ hereby
(Name of cardholder as shown on card)

authorize Texas Southern University, to charge my VI / MC / DS / AMEX

Credit card number _____ Exp. Date _____ In the amount
(As shown on the card)

of \$ _____ for payment of tuition for myself and / or

_____ T# or SSN _____
(Full Name of student if other than the cardholder)

Billing Address: _____

Phone (Home) _____ Phone (Cell) _____

By signing below, I acknowledge the charges described herein and undertake to make payment in will when billed or in extended payment, in accordance with standard policy of the credit card company, which issued the card.

SIGNATURE: _____ **DATE:** _____