



# HOLY NAMES UNIVERSITY

## CREDIT or DEBIT CARD CHARGE AUTHORIZATION

I authorize Holy Names University to charge my credit or debit card \$ \_\_\_\_\_  
for the following goods and/or services:

---

Card Type (circle one):

VISA debit\*, VISA credit, MASTERCARD debit\*, MASTERCARD credit,  
American Express, Discover

\*Please note that the dollar amount listed above may exceed your debit card's daily limit.  
In such cases, we will charge your card over the course of several days until the  
authorized amount is paid. If you are using a **debit card**, it is important that you circle  
that option in the list above.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorization Code (4 digits on front for AmEx, last 3 digits on back for all other cards): \_\_\_\_\_

Cardholder Name as Printed on Card: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
(street) (apt) (city) (state) (ZIP)

Student ID/Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

For office use only

Posted on \_\_\_\_\_ by \_\_\_\_\_

Receipt provided via \_\_\_\_\_