

Credit Card Authorization Form - Cashiering and Student Accounts

This form is to be used for the UNLV Dietetic Internship Application Fee **only**.

Please ensure that you complete this form in its entirety. **Do not email this form.** Upload this form to your application in DICAS. Please type or print (legibly) in BLACK ink.

Student Information:

Student Name: _____

Student Home Address: _____

Credit Card Information (please check one):

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____

Expiration Date: _____/_____

Name (as printed on card) _____

Card Holder's Address _____

Phone Number _____

I authorize the use of the above listed credit card to pay the fees listed below to the University of Nevada, Las Vegas. I understand that the credit card transaction will occur on the transaction date listed above for the amount I have indicated. I understand that fee payment deadlines, and/or late fees are my responsibility. I further understand that I may be charged a penalty fee if the credit card company denies my credit card. I understand that a facsimile or photocopy of this form with my signature on it is the same as an original.

AMOUNT:

\$ _____ APPLICATION FEE

Card Holder's Signature: _____

Date: _____