



# UNIVERSITY OF NEVADA, LAS VEGAS

## Credit Card Authorization Form

Cashiering and Student Accounts - Fax # (702) 895-1164

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Home Address: \_\_\_\_\_

Credit Card Type (circle one):

Visa / MasterCard / Discover / American Express / Diners Club

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

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CV code \_\_\_\_\_

Name (as printed on card): \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

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

I authorize payment of the amount listed to be charged to my credit card and to be paid to the University of Nevada, Las Vegas. By signing below, I agree that I am the cardholder and that I am responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment. A facsimile or photocopy of this form with my signature is considered the same as the original.

PAYMENT AMOUNT \$ \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

It is the student's responsibility to adhere to all fee payment deadlines. Late fees are the student's responsibility. For payment deadlines please go to: <http://www.unlv.edu/cashiering>.

**Please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information. Only use Fax as method of transmittal.**