

SACRED HEART UNIVERSITY
CREDIT CARD AUTHORIZATION

~Fax: (203) 365-7607
~Telephone: (203) 371-7880

I, hereby, authorize Sacred Heart University to charge my credit card:

(please check one)* Mastercard Visa

Amount: \$ _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Cardholder's Name: _____

Cardholder's Address: _____

Cardholder's Telephone #: _____

Cardholder's Signature: _____

Student Name: _____

Student Account # OR Social Security #: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> (01) Tuition Account | <input type="checkbox"/> (05) Health Insurance | <input type="checkbox"/> (10) Chargeback |
| <input type="checkbox"/> (03) Collections | <input type="checkbox"/> (08) PC Account | <input type="checkbox"/> (11) Public Safety |
| <input type="checkbox"/> (04) Continuing Education | <input type="checkbox"/> (09) Telephone | <input type="checkbox"/> (17) Library |
| | | <input type="checkbox"/> Other/Miscellaneous |
- _____

* NOTE: We do not accept Diner's Club or Discover Card.

Please fill out all fields on this form. Charge Card authorizations can not be processed without a signature and a dollar amount to be charged. If more than one receivable area is being satisfied, please indicate your payment amounts next to appropriate receivable area, i.e. tuition, telephone, PC, Public Safety.

The accuracy of the information provided is the responsibility of the signer.
ALL DECLINED CREDIT CARDS ARE SUBJECT TO A CREDIT CARD REJECT FEE.

