

CREDIT CARD MAIL AUTHORIZATION FORM

To authorize payment by **mail**:

- 1) Complete the student/customer section.
- 2) Sign and date authorization.
- 3) Return authorization to:

Northwestern State University
Student Accounts
P.O. Box 5669
Natchitoches, LA 71497

STUDENT/CUSTOMER INFORMATION:

Name: _____ CWID: _____

Telephone #: (____) _____ Or: _____

Amount of Payment: \$ _____

Type of Credit Card: _____ VISA _____ MasterCard _____ American Express _____ Discover

Credit Card Number: _____ CVV2# _____

(Last 3 digits of number on
back of Visa/MC/Discover)
(4 digits on front of Am Ex
Cards)

Expiration Date: _____

Cardholder's Name (if different from student): _____

Billing Address: _____
(Street)

(City) (St) (Zip)

I authorize NSU to charge the above payment to my account.

Signature: _____ Date: _____

Note: Payment will not be posted to the above student's NSU account until the VISA, MASTERCARD, DISCOVER or AMERICAN EXPRESS transaction is authorized by the VISA, MASTERCARD, DISCOVER or AMERICAN EXPRESS authorization center. A NSU receipt will be mailed to the cardholder's address at the cardholder's request.

For NSU Use Only:

Authorization Processed By: _____
(NSU Employee)

(Date)