

Credit Card Payment Authorization

Applicant's Name

Last

First

Middle

Maiden

Telephone Number of Applicant - -

Social Security Number of Applicant - -

Amount to be Charged Check One: VISA MasterCard (ECU will only accept VISA or MasterCard authorizations.)

Card Number - - -

Expiration Date /
Month Year

Name of Card Holder

Last

First

Middle Initial

Address

Street

City

State

Zip

I authorize East Carolina University to charge the above application fee to my credit card.

Signature of Card Holder