



CONFIDENTIAL

CREDIT CARD PAYMENT AUTHORIZATION

*Please do not send credit card or other sensitive information via e-mail*

Applicant's Name      
LAST FIRST MIDDLE MAIDEN

Telephone Number

Amount to be charged  Check One:  VISA  MasterCard

Card Number  -  -  -  Expiration Date  /   
MONTH YEAR

Name of Cardholder     
LAST FIRST MIDDLE INITIAL

Address       
STREET CITY STATE OR PROVINCE ZIP/POSTAL CODE COUNTRY

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

\_\_\_\_\_  
SIGNATURE OF CARDHOLDER