

CONFIDENTIAL

Credit Card Payment Authorization

Please do not send credit card or other sensitive information via email

Applicant's Name
Family Name (Surname) First/Given Name Middle Name

Telephone Number

Amount to be charged Check One: VISA MasterCard (ECU will only accept Visa or MasterCard Authorizations)

Card Number - - - Expiration Date /
Month Year

Name of Cardholder
Family Name (Surname) First/Given Name 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