



Credit Card Authorization

(Please print clearly)

Student Name _____

Card holder's Name _____

Student ID # (if Known) _____

Card Number _____

Card Expiration Date _____

Zip Code of Card Holder _____

Payment For: Please Check One

Tuition____ Housing Deposit____ App Fee____ Other_____

Comments: _____

Authorized Amount \$ _____

I herewith authorize City University of Seattle to charge my card as listed above.

Signature of Card Holder: _____

Date: _____