

**SOUTHERN UNIVERSITY**  
**CREDIT CARD AUTHORIZATION FORM**

**Company/Agency Name**

\_\_\_\_\_

**Name of Credit Card Holder**

\_\_\_\_\_

*(Please print the name as it appears on the credit card)*

**Credit Card Holder's Address**

*(Indicate the Billing Address for the credit card)*

Street\_\_\_\_\_

City\_\_\_\_\_

State\_\_\_\_\_ Zip\_\_\_\_\_

Telephone #\_\_\_\_\_

**Card # / Expiration Date**

MasterCard #\_\_\_\_\_ Expiration Date\_\_\_\_\_

Discover #\_\_\_\_\_ Expiration Date\_\_\_\_\_

VISA#\_\_\_\_\_ Expiration Date\_\_\_\_\_

American Express#\_\_\_\_\_ Expiration Date\_\_\_\_\_

**Amount to be Charged** \$\_\_\_\_\_

*I authorize Southern University to charge the credit card indicated above.*

**Signature of Credit Card**

**Holder**\_\_\_\_\_

**Date**\_\_\_\_\_

For Office Use Only

Transmitted to Cashiers\_\_\_\_\_

Date\_\_\_\_\_

Cashier\_\_\_\_\_

PIV#\_\_\_\_\_

Reference #\_\_\_\_\_

**Fax completed form to: Southern University –University Counseling Center**  
**(225) 771-3560**