

# TEXAS SOUTHERN UNIVERSITY

Office of the Bursar  
3100 Cleburne Street, Houston, Texas 77004

## Credit Card Authorization Form

In lieu of my credit card imprint, I \_\_\_\_\_ hereby  
(Name of cardholder as shown on card)

authorize Texas Southern University, to charge my VI / MC / DS

Credit card number \_\_\_\_\_ Exp. Date \_\_\_\_\_ In the amount  
(As shown on the card)

of \$ \_\_\_\_\_ or payment of tuition for myself and / or

\_\_\_\_\_ T# or SSN \_\_\_\_\_  
(Full Name of student if other than the cardholder) Provide I.D # above

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (W): \_\_\_\_\_

Phone (H): \_\_\_\_\_

By signing below, I acknowledge the charges described herein and undertake to make payment in will when billed or in extended payment, in accordance with standard policy of the credit card company, which issued the card.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_