

Purdue University North Central - Bursar Office

CREDIT CARD AUTHORIZATION

Semester _____

Student (5 or 6 digit) I. D. # ____ _

Student Name _____

Charge fees on my: _____ MasterCard _____ Visa _____ Discover Amount \$ _____

Card # _____ Expiration Date _____

Card Holder's Name (Please Print) _____

Authorized Signature _____

Daytime Phone Number of Card Holder _____
(Will only be contacted if there is a problem with the authorization)

Fax Authorizations to: (219)785-5543