



**CREDIT CARD
PAYMENT OPTION**

Students may pay their educational charges with cash, check, or credit card (**VISA** or **MasterCard** only). To make payment by credit card, complete this form giving **ALL** requested information. Return the form by fax (972) 279-9773, mail, or in person to the University.

In order to pay obligations to Amberton University, I hereby authorize my credit card to be charged with the amount indicated below. Your card will be declined if your limit, credit or daily, is exceeded. I understand if my card is declined, I will be charged a handling fee of **\$25.00**. If I do not make the payment good within 10 days, I understand my entire balance becomes due and I am subject to suspension from the University.

Student's Name: _____

AUID/SSN: _____ - _____ - _____

Amount Authorized for Charge: \$ _____

Credit Card
Number _____ - _____ - _____

Expiration Date: _____ / _____
Month Year

Cardholder's Printed Name: _____

Cardholder's Signature: X _____

Cardholder's Billing Address: _____

City/State: _____

Zip: _____

Daytime Phone Number: (_____) _____ - _____