



University of Houston-Downtown
Student Accounting & Cashiers

Special Events Credit Card Authorization Form

Payer/Organization Name _____

Amount \$ _____ Credit Card # _____ Exp Date/CVV _____

Description of items/services being paid for _____

Billing Address _____ Billing Zip Code _____

Name as it appears on card _____

Event Name/Date or Invoice/PO# _____

Additional Notes/Instructions _____

I hereby authorize University of Houston-Downtown to charge the above referenced account in the amount indicated on this form on a one-time basis. I understand that my signature on this form will serve as an authorized signature on the credit/debit card charge slip.

Cardholder/Authorized Personnel Signature

Date

Contact Name

Contact #

Contact Email

For additional information or questions regarding payment, please contact the Cashiers office at 713-221-8196 or via email at cashiers@uhd.edu

PLEASE REMIT THIS FORM & APPLICABLE COPIES BY FAX TO 713-223-7437

(Please note: To protect the security of your credit card information, submission by email cannot be accepted.)