

One Main Street, 310S & 320S Houston, TX 77002

This form can only be submitted via fax: 713-223-7437

Student Credit Card Authorization Form

Step 1: Student Information					
Last Name	First I	Name	ID#		
Step 2: Credit/Debit Card Information					
	Name as it Appears	on Credit/Debit Card			
Credit/Debit Card Number		E	xpiration Date	CVV Code	
Billing Address			Billing Zip Code		
Step 3: Payment Information					
Semester/Items being paid for			Amount*		
*A credit card processing fee of 1.23% will be assessed	ed on all tuition/mandatory j	ee payments and will be adde	ed to the payment amoui	nt listed below.	
The University of Houston System charges a processifee imposed is not greater than the University's appl	_			ard brands. The processing	
Special Instructions:					
Step 4: Authorization					
I hereby authorize University of Houston-Downtown form will serve as an authorized signature on the cre	_	nced account as indicated on t	his form. I understand tl	nat my signature on this	
Signature	Date	Phone number		Email	

For additional information or questions regarding payment, please contact the Cashier Office at 713-221-8196 or Cashiers@uhd.edu