



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](mailto: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.)