



One Main Street, 310S & 320S  
Houston, TX 77002  
*This form can only be submitted via fax: 713-223-7437*

## Third Party Vendor Credit Card Authorization Form

Student Name (Last, First)	Student ID <u>or</u> Client Reference # <u>or</u> Last Four of SSN	Invoice #	Semester	Payment Amount per student
EXAMPLE: Smith, John	900-xx-xxxx	MISC201710	Fall 2017	\$1400.00
Total amount to be Charged				

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Credit Card Number	Expiration Date	Name as it appears on the card
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Billing Address	Billing Zip Code
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I hereby authorize University of Houston-Downtown to charge the above referenced account in the amount indicated on this form. I understand that my signature on this form will serve as the authorized signature on the credit/debit card charge slip.

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Cardholder/Authorized Personnel Signature	Date	Contact Number	Contact Email
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For additional information or questions regarding your invoice, please contact Krystal D. Leblanc- Assistant Director of Student Accounting & Cashiers at 713-221-8601 or leblanck@UHD.edu

REMIT FORM AND ANY APPLICABLE INVOICE DOCUMENTS BY FAX TO 713-223-7437

*Please note: To protect the security of your credit/debit card information, submission by email is not allowed.*