CREDIT CARD PAYMENT AUTHORIZATION BY FAX

Northwestern Theological Seminary / FAX: 1-727-213-9081

Instructions: Fax the completed and signed form. Print information clearly.

Applicant/Student Number:
Card Holder's Name:
Card Holder's Name:(PRINT as it appears on credit card)
Billing Address:
(Include City & Zip Code)
Phone Number: E-Mail Address:
Card Type: VISA MASTERCARD
******Note: We do not accept American Express or Discover*****
Credit Card Number:
Expiration Date: / Card Verification Number: (Month / Year) (Last 3 digits on back of card)
Authorized Charge Amount: \$ (U.S. Currency)
Reason for charge: (√ Check One)
New Enrollment (Initial Payment) Monthly Payment (Students) Special Support Offering

By the signature listed below, I hereby authorize Northwestern Theological Seminary to charge my credit card for the amount listed above.

Authorized Signature:

Date:

*Please make copies of this form for future use. New forms must be submitted for future charges.