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### Credit Card Payment Form

Term \_\_\_\_\_ Date To Process Charge \_\_\_\_\_  
Amount \$ \_\_\_\_\_  
NSU ID / SSN \_\_\_\_\_

I hereby authorize a charge to be made to my

Visa

MasterCard

American Express

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cardholder's Name: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Print this form and fax to: 954-262-3249 or mail to:

Nova Southeastern University  
Student Accounts  
P.O. Box 290060  
Davie, FL 33329-0060