



# OFFICE OF THE BURSAR

University of Alaska Fairbanks  
P.O. Box 757640, Fairbanks, Alaska 99775-7640

## Credit Card Authorization Form

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Year: \_\_\_\_\_  Refund

Term:  Fall  Tuition/Fees  Cashier: \_\_\_\_\_

Spring  Rent

Summer  Bear Bucks  Taken By: \_\_\_\_\_

Total authorized to card: \$ \_\_\_\_\_ Charge  Refund

Cardholder's Name: \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_  
Street/PO Box #

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip

Cardholder's Phone #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ (If Present)

Mail Receipt to Card Holder  Email receipt \_\_\_\_\_  No Receipt

(Remove and shred after processing)

---

Type of Card (circle one)    Visa    MasterCard    Discover    Am Exp

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_    CVV Code \_\_\_\_\_