



National University

Credit Card Authorization Form

Student Accounts, 9388 Lightwave Avenue, San Diego, CA 92123-1426, USA Phone: 1-858-541-7769, Fax: 858-541-7793, WWW.NU.EDU

Date (Month/Day/Year)

I, _____ authorize National University to charge US \$ _____

on the following credit card for:

- Application Fee US \$65
- Foundation Exam (per exam) US \$50
- Tuition Fee US \$ _____
- Other _____ US \$ _____
(Please specify)

Credit Card Details:

- Visa MasterCard Discover American Express

Credit Card Number:

Expiration Date:
(Month/Year)

Security Code:
(Last 3 digits on the back of your card)

Name as it appears on the card: _____

Authorized Signature: _____

Card Holder Contact Details:

Phone:

Email: _____

Student Details:

Last Name, First Name (if different to card holder)

If there is a change in your credit card status, you will need to contact your local Student Accounts Officer at: **1-866-682-2237**

Please return completed form by fax: **1-858-541-7791** or email: isa@nu.edu