



University of Houston-Downtown
Student Accounting & Cashiers

Student Credit Card Authorization Form

Student Name

Student ID Number

Credit Card Number

Expiration Date

Name as appears on Credit Card

Semester(s) OR Item(s) being paid for

Billing Address

Billing Zip Code

Frequency of Payment:

A credit card processing fee of 1.21% will be assessed on all tuition/mandatory fee payments and will be added to the payment amount listed below.

One-time

\$

Payment Amount

Recurring Monthly OR
(drafted on the 18th of each month)

Recurring Bi-Monthly
(drafted on the 3rd and 18th of each month)

Special Instructions

A LEGIBLE COPY OF YOUR DRIVER'S LICENSE OR OTHER U.S. GOVERNMENT-ISSUED ID AND CREDIT/DEBIT CARD MUST ACCOMPANY THIS FORM. THE LAST NAME ON BOTH MUST BE IDENTICAL TO ACCEPT PAYMENT.

Recurring Payments: Cancelling a recurring payment authorization must be done in writing at least fourteen days before the next payment date. Recurring payments will be processed on or within two business days of the date indicated on this form. It is the cardholder's responsibility to IMMEDIATELY notify the UHD-Cashier's Office if the credit/debit card is cancelled for any reason. Failure to do so will result in your account being submitted to our collection agency and you will be responsible for all additional collection costs.

The University of Houston System charges a processing fee on all credit card transactions. The processing fee is assessed on all credit card brands. The processing fee imposed is not greater than the University's applicable merchant discount rate for credit card transactions.

I hereby authorize University of Houston-Downtown to charge the above referenced account as indicated on this form. I understand that my signature on this form will serve as an authorized signature on the credit/debit card charge slip.

Cardholder Signature

Date

Contact Phone

Contact Email

For additional information or questions regarding payment, please contact the Cashier Office at 713-221-8196 or Cashiers@uhd.edu

PLEASE REMIT THIS FORM & APPLICABLE COPIES BY FAX TO 713-223-7437
(Please note: To protect the security of your credit card information, submission by email is not allowed.)