

Credit Card Payment Form

Please sign and date this form and fax to the Cashier's Office at 775-327-2296. To maintain compliance with Payment Card Industry Data Security Standards PCI DSS, to protect cardholder data, **forms cannot be accepted via email.**

I hereby authorize the University of Nevada Reno's Cashier's Office to charge my credit card as detailed:

Credit Card Type: Visa MasterCard Discover American Express

Card Number: _____ CVC #: _____

Expiration date on card: _____

Billing Address:

What is this payment for? Tuition Loan Payment Other

Description of the payment including the student's name and student ID number:

Amount you are authorizing us to charge on your card: \$

Authorized signature on card:

Date:

I authorize payment for the above student on the credit card listed above.

Printed Name:

Phone number for authorized signature:

Cashier's Office
University of Nevada, Reno/124
Reno, Nevada 89557-0124
(775) 784-6915 office
(775)327-2296 fax