

## **Credit Card Payment Authorization for Advising Appointment Fee**

I hereby authorize the University of Nevada Reno's Cashier's Office to charge my credit card as detailed below. Please print, sign and date this form and **fax** back 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**.

Student and payee information			
Student Name:		NSHE ID#:	
Appointment Type (Pre-Health or Pre-Law):			
Phone Number:		Email:	
Credit Card Type: Visa MasterCard	Discover	American Express	
Card Number:		CVC #:	Exp date:
Billing Address:			
Name on Card:			
Advising appointment type and fee:			
\$30 NSHE Alumni Pre-Professional Advising Ap	pointment		
\$30 University of Nevada, Reno Alumni Pre-Professional Advising Appointment			
Amount you are authorizing us to charge on your card: \$			
Authorized signature on card:			
Date signed:			
I authorize payment for the above student on the credit card listed ab	pove to the Explora	tory and Pre-Professional Advising Cent	er - WorkTags RC0132/PG03501.
Printed name:			
Phone number for authorized signature:			
Exploratory and Pre-Professional Advising Center - WorkTags RC0132/	/PG03501		

For questions about scheduling of your Pre-Professional Advising Appointment, please call, email or visit us:

Exploratory and Pre-Professional Advising Center, University of Nevada, Reno/395, Reno, Nevada 89557-0395

Office Location: Pennington Student Achievement Center (PSAC) 405

Office Phone: (775) 784-4684 Email: advising@unr.edu