



401 15<sup>th</sup> Street  
Oakland, CA 94612

## Credit Card Authorization Form

Please complete the information below:

I, \_\_\_\_\_ authorize **Lincoln University** to charge  
(Cardholder Name)

\$ \_\_\_\_\_ on my credit card account indicated below for

\_\_\_\_\_. This payment is for \_\_\_\_\_.  
(Student Name: Last Name, First Name) (Description of Fee)

Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Cardholder Name	_____			
Card Number	_____			
Expiration Date	_____			
CVV2 (3-digit on back of Visa/MC/Discover, 4-digit on front of Amex)	_____			
Billing Address	_____			
	Number	Street	Apt	
	_____			
	City	State	Zip Code	Country
Phone Number	_____			
Email	_____			

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ (MM/DD/YYYY)

By signing this form I give Lincoln University the permission to charge for the amount indicated. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that all information given above is true, complete and accurate. I hereby authorize Lincoln University to verify the information listed above. It is my responsibility to ensure that the accounting office has received the form. I certify that I am the authorized user of this credit card and will not dispute the payment; as long as the transaction corresponds to the terms indicated in this form.

\* The minimum charge for card is **\$15.00**.

\* If credit card billing address is not in the United States, please add an **additional \$10.00** to the total amount for bank charge.

\* We reserve the right not to accept this form.

**Phone: 510-628-8028 Fax: 510-628-8026 Email: [accountingclerk@lincolnuca.edu](mailto:accountingclerk@lincolnuca.edu)**