

TEXAS  STATE  
UNIVERSITY

*The rising STAR of Texas*

Credit Card Authorization Form

To be used ONLY for the payment of permits and ticket fees.

**Student Information:**

Student's Name \_\_\_\_\_

Student's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Student's Phone Number \_\_\_\_\_

Student ID Number \_\_\_\_\_

**Credit Card Information:**

Credit Card Type:

\_\_\_\_\_ Visa      \_\_\_\_\_ Mastercard      \_\_\_\_\_ American Express      \_\_\_\_\_ Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Printed Name of Cardholder \_\_\_\_\_

Phone Number of Cardholder \_\_\_\_\_

ZIP Code of Cardholder \_\_\_\_\_

I authorize that the above referenced Credit Card be charged the amount of \$\_\_\_\_\_ for the payment of permit(s) and parking ticket(s).

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

Return via Fax (512) 245-6101 or (512) 245-1645