



Livingstone College

Cashier's Office - Business & Finance

Credit Card Authorization Form

After completing the credit card authorization form please forward via mail, email or fax to the Cashier's Office. **If you have any questions please contact the Cashier's Office.**

Livingstone College
Attn: Cashier's Office
701 W Monroe Street
Salisbury, NC 28144
Phone: (704) 216-6075
Fax: (704) 216-6321
cashier@livingstone.edu

Student Name _____

ID# _____

Reason For Payment

Payment On Account

Application Fee

Housing Fee

Orientation Fee

(Other) _____

Payment Method

Visa

Discover

Mastercard

American Express

I am authorizing a one-time payment of \$ _____

Please charge the total amount of \$ _____

Credit Card Number (16-Digit) _____

Expiration Date: _____

Security Code _____

Name on the Credit Card

Phone #

Billing Address

Email Address

City, State & Zipcode

Card Holder Signature

Date

BUSINESS OFFICE USE ONLY

Signature

Date

Signature

Date