



P.O. Box 757640, Fairbanks, Alaska 99775-7640

Credit Card Authorization Form

Students Name: \_\_\_\_\_ Date: \_\_\_\_\_

Students ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Year: \_\_\_\_\_                      \_\_\_ Refund

Term:     \_\_\_ Fall                      \_\_\_ Tuition/Fees

              \_\_\_ Spring                    \_\_\_ Rent

              \_\_\_ Summer