



Business Office

1400 J. R. Lynch Street P. O. Box 17159 Jackson, Mississippi 39217 Ph - (601) 979-2216 Fx - (601) 979-3788

Credit Card Authorization Form

Please Provide the Following Information Regarding Credit Card Holder

I, _____ hereby authorize Jackson State University to use my

- Visa American Express
- MasterCard Discover

Signature of Card Holder _____

Credit Card Holders Address: _____

Home/Cell Number _____ Work Number _____

Credit Card Number _____ Expiration Date _____

CVV # _____

Charges To Be Made:

Charge this Amount _____ For _____

Charge this Amount _____ For _____

Funding Agency: _____ Grant/Contract No _____

Total to be charged _____

Student's Account to be Charged:

Student's Name _____ S.S. # or J# _____

Semester/Year _____

**The following items MUST be included with this form
FRONT & BACK enlarged, legible copy of
CREDIT CARD and DRIVERS LICENSE of card holder.**

This card will be charged and credited to the student's account upon receipt of all requested information. This is a non-reversible credit card transaction unless agreed to in advance or approved by the Director of Financial Services.