



CREDIT CARD FORM

I authorize Lincoln University to charge my credit card as follows:

(Please print clearly and fax to (484) 365-8130 or e-mail to bursaroff@lincoln.edu.)

❖ Student's Name: _____

❖ Student's CID #: _____

❖ Home Mailing Address: _____

City	State	Zip Code
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❖ Person's Name on Credit Card: _____

❖ Telephone Number: _____

❖ Type of Credit Card: _____

Visa  *Mastercard*  *Discover* 

❖ Credit Card Account Number: _____

❖ Credit Card Expiration Date: _____

❖ Card Security Code (found on the back of the card): _____

❖ Amount To Charge: \$ _____

Check one of the following boxes:

Prepayment on Account *(Please specify term/year Fall _____ Spring _____ Summer _____)*

Perkins **Room Deposit** **Acceptance Fee**

Credit Card Holder Signature

Date