

Credit Card Payment Form

W o • •] P v v š š Z] • (} Œ u v (Æ š } š Z d Z u Œ v š K v () u % Œ š Z Œ ñ r i i ó
W Œ u v š Œ / v µ • š Œ Œ š ^ µ Œ] š Œ ^ š v Œ • W } Œ u ^ U v } } % Œ } š š
% š À] u] o X

I her by authorize the University of Nevada Reno's Cashier's Office to charge my credit card as detailed W

Credit Card dred: ~~Amexan Expres~~ Gam [(C)-1 (re)-3 1 (ar)2a03 ar] =| Œ Œ Å Å Z Discover

CVC #: _____

Loan Payment

Other

student's name and student ID number:

Amount you are authorizing us to charge on your card: \$

Authorized signature on card:

Date:

I authorize payment for the above student on the credit card listed above X

Printed Name:

Phone number for authorized signature:

Cashier's Office
University of Nevada, Reno/124
Reno, Nevada 89557-124
(775) 784-6915 office
(775) 327-2296 fax