

Student ID: \_\_\_\_\_



# DONNELLY COLLEGE

608 North 18th Street  
Kansas City, KS 66102  
(913) 621-8751

## Credit Card Payment Authorization Form

Sign and complete this form to authorize Donnelly College to take payments from your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated, on or after the specified date.

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### Please complete the information below:

I, \_\_\_\_\_, authorize Donnelly College to charge my credit-  
(Full name)  
card account indicated below for \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month, or on \_\_\_\_\_,  
(Amount) (Date) (List Dates)

This payment is **for tuition & fees**

Billing Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above and for the amount indicated above only. I certify that I am an authorized user of this credit card, and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.