

Credit Card Payment Form

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I hereby authorize the University of Nevada Reno's Cashier's Office to charge my credit card as detailed below

Credit Card # _____ American Express _____ 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