



1704 Weeksville Road | Elizabeth City, NC 27909
Phone: (252)335-3471 Ext. 1
Fax: (252)335-3022

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Elizabeth City State University (ECSU) to make a one-time debit transaction to your debit or credit card listed below. A copy of a valid government issued photo identification card must accompany this form prior to processing.

By signing this form you give us permission to debit your account for the amount indicated below on or after the indicated date. This grants permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I \_\_\_\_\_ authorize Elizabeth City State University to charge my credit card
(Full name as it appears on card)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for
(Amount) (Date)

\_\_\_\_\_ Banner ID Number \_\_\_\_\_
(Description of goods/services)

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

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

Government Issued ID Type [ ] Driver License [ ] Military Other \_\_\_\_\_

Government Issued ID Number \_\_\_\_\_

Account Type: [ ] Visa [ ] MasterCard

Cardholder Name (print) \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Need a receipt? Yes, enter fax number \_\_\_\_\_ NO [ ]

Return the signed form along with a copy of a valid government issued ID card to:

Fax: 252-335-3022 OR Mail: ECSU Cashier's Office, 1704 Weeksville Road, CB 950, Elizabeth City, NC 27909

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

I authorize the above named business to charge the debit/credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this debit/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. I understand that ECSU will appear in the description field with the payment transaction listed as ECSU Cashier POS.