

Credit Card Authorization

I hereby authorize the **Western New Mexico University** Business Office to **charge my credit card in the amount of:** \$_____.

Type of Card:
_____ Visa _____ MasterCard _____ Discover

Credit Card Number: _____

Expiration Date: _____

Phone No. _____ Zip Code: _____

Cardholder's Name: _____

Cardholder's Signature: _____

Students Name: _____

Students ID: _____

Please fax this form to:
(575) 538-6188 Attn: Cashier

Or Mail to:
Western New Mexico University
Office of Business Affairs
Attention: Cashier
P.O. Box 680
Silver City, NM 88062

Or scan and email to:
busaf@wnmu.edu

By signing this authorization you agree to allow Western New Mexico University to store your confidential information in a secure location.



Additional information is now necessary to process this credit card or debit card transaction, WNMU is now requiring that the security code located on the back of the card be provided. Please enter it here _____. This information will be removed and destroyed (by shredding it) as soon as the transaction has been processed. If you do not feel comfortable in providing this information, we will accept ONLY the security code over the phone at (575) 538-6150 or (575) 538-6151. We thank you in advance for your assistance in this matter.