

## La Sierra University

4500 Riverwalk Parkway  
Riverside, CA. 92515  
951-785-2238

### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize La Sierra University to process a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your credit card for the amount indicated on the date provided. This authorization is for a single transaction and does not provide authorization for any additional unrelated debits or credits to credit card.

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**Please complete the information below:**

**Student Name** \_\_\_\_\_

**Student ID/SSN** \_\_\_\_\_

**Billing Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Credit Card Type**    **VISA**    **Master Card**    **AMEX**    **Discover**

**Card Holder Name** \_\_\_\_\_

**Card Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_      **Card Security Code** \_\_\_\_\_

**Amount to be charged** \_\_\_\_\_      **Payment Processing Date** \_\_\_\_\_

**Card Holder's Signature** \_\_\_\_\_      **Date** \_\_\_\_\_

I authorize La Sierra University to charge the credit card indicated in this authorization form. I certify that I am an authorized user of this credit card and that I will not dispute the payment transaction with my credit card company.