



**MARYMOUNT**  
UNIVERSITY

For payment by credit card please print and complete this form.

Mail to the Student Accounts Office or fax to the Cashier's Office. *Your credit card will be processed upon receipt of this authorization.*

Amount Authorized\* \$ \_\_\_\_\_ Academic Term \_\_\_\_\_

Name as it appears on the Credit Card \_\_\_\_\_

Billing Address for the Credit Card:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code\*\* \_\_\_\_\_

Visa  MasterCard  American Express

Credit Card Number \_\_\_\_\_

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

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

Student ID Number \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_

Mail to

**Marymount University**  
**Student Accounts Office**  
**2807 N. Glebe Rd.**  
**Arlington, VA 22207-4299**

Fax to

Cashier's Office (703) 284-3815

\* Amounts paid by credit card will be credited to the originating credit card account if a refund is required.

\*\* Zip Code is required for transaction to be processed.