

Northern Marianas College

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Credit Card Authorization Form for Tuition/Fees/Books

Please complete and sign this authorization form. All fields are required.

ALL INFORMATION WILL REMAIN CONFIDENTIAL.

Student Name: _____ PC# _____
Please PRINT (Last, First, Middle) Student ID Number

Contact Number: (Home) _____, (Mobile) _____

Email Address: _____

Full Payment Monthly Payment Partial Payment

1st Payment Date: _____ Amount \$ _____

2nd Payment Date: _____ Amount \$ _____

3rd Payment Date: _____ Amount \$ _____

Additional Information: _____

Reasons: _____

Cardholder's Name: _____
(Please *Print* what EXACTLY shows in front of card)

Credit Card Number: _____ - _____ - _____ - _____ Exp. Date ____/____

CVV Number (three digit) _____

Card Type: Master Card Visa American Express JCB Discover

I hereby authorize Northern Marianas College (NMC) to process a manual credit card transaction for the above stated applicant(s). By signing this document, I am accepting full responsibility for this transaction to ensure full and proper payment to NMC. I affirm that the information provided is true and authorize NMC to charge my credit card accordingly for the above-mentioned transaction.

Student Signature: _____ Date: _____