Barry University

Cashier/Business Office

11300 NE 2nd Avenue, Miami, FL 33161
Accounts & Billing
P: 305.899.3585 | F: 305.899.3375
cbo@barry.edu
Professional And Career Education
P: 305.899.3322 | F: 305.899.4790
acecbo@barry.edu
www.barry.edu/cbo

CONFIDENTIAL

Credit Card Authorization Form

Please fill out all requested information

Date_____

Name of Card Holder_____

Credit Card Number_____

Expiration Date of Card_____ Card Security Code_____ (MC, Visa, and Discover (3 digits on back of card), AMEX (4 digits above)

Name of Student _____

Student Number or Social Security Number _____

I _____hereby authorize Barry University to charge $_____
name of cardholder *amount authorized*

to my credit card for the purpose of _____

Card Holder Signature _____

Contact Phone Number _____

Visa Mastercard, Discover, and American Express only.

Please fax to: 305.899.3375
or
mail to: Barry University
ATTN: Cashier/Business Office (CBO)
11300 NE 2nd Avenue
Miami, FL 33161

Include photo ID with signature here