PAYMENT COUPON*

Student's Name ________________________________________________________________

Student's Morehouse Identification Number _______________________________________

CARD AUTHORIZATION
(Circle credit/debit/check card to be charged)

MasterCard       VISA       Discover       Optima       American Express

Credit/Debit/Check Card Account Number___________________________________________

Card Expiration Date __________ Amount of Charge $______________________________

Payment is for (check one or more): ___ Old Balance ___ Current Semester ___ Other ___________

(Specify)

For Office Use Only

Cardholder’s Name ________________________________________________________________

Please Print

Cardholder’s Signature ___________________________________________________________

Payment will not be processed without the cardholder’s signature. Mo./Day/Yr.

Cardholder’s Telephone Number: (______) ____________________________

Area Code Number Cardholder’s Mailing Zip Code

(Cardholder’s Mailing Zip Code

(For Card Used Above)

Cardholder’s E-Mail Address _______________________________________________________

Last four digits of card _______ Student’s Morehouse ID#___________________________

IMPORTANT NOTES

*Authorize credit, debit, or check card payment by completing and signing the payment coupon above.

Authorization protects the cardholder against unauthorized card use. Mail the payment coupon to address below or fax it to the attention of the HEAD CASHIER at (404) 653-7740.

To guarantee posting by 4:00 p.m. on the due date, completed coupons should be mailed at least 10 business days before the due date and faxed by 12:00 noon on the payment due date. For confirmation of receipt of payment, provide an e-mail address or view the student’s account on the Web, using the student’s Morehouse-issued PIN and user name or your guest PIN, which the student must set up for you.

MAKE ARRANGEMENTS WITH YOUR FINANCIAL INSTITUTION TO ENSURE THAT YOUR DAILY CARD LIMIT WILL COVER THE REQUESTED PAYMENT AMOUNT, OR AUTHORIZE PAYMENTS UNTIL THE DESIRED AMOUNT IS REACHED. The cardholder, however, is responsible for authorizing payments in time to meet payment deadlines.

FEEL FREE TO DUPLICATE THIS FORM. Submit a completed form with each credit, debit or check card payment.


COMPLETE THIS FORM AND RETURN (MAIL or FAX) IT TO THE CASHIER’S OFFICE, OFFICE OF BUSINESS AND FINANCE, MOREHOUSE COLLEGE, 830 WESTVIEW DRIVE, S.W., ATLANTA, GA 30314.

Revised 5/9/2011