

North Idaho College
Student Finance Office
Credit Card Payment by Fax Authorization

Student Information

Student ID#
Last Name First Name Initial

Card Holder's Information

First Name Last Name
Address
City State Zip
Email Home Number
Cell Number
Work Number

Credit Card Information

Choose Credit Card Type: Visa MasterCard Disc American Exp
Credit Card # Expiration Date 3 Digit Security Code*
Amount to be charged** Term Year

Choose Authorization Type

- **I authorize North Idaho College to charge the above referenced card only for the amount specified as payment for tuition, fees and/or residence hall charges owed.
- I authorize North Idaho College to charge the above referenced card for the outstanding balance for tuition, fees and/or residence hall charges owed.
- **I authorize North Idaho College to charge the above referenced card for a deposit.

Cardholder's Signature _____ Date

Fax completed and signed form to (208) 769-3431, Attention: Student Finance Office

North Idaho College*Student Finance Office*1000 W. Garden Ave*Coeur d'Alene, ID 83814*studentfinance@nic.edu*Fax 208-7