



NATIONAL STUDENT CLEARINGHOUSE®
Services You Need. People You Trust.

2300 Dulles Station Blvd, # 300, Herndon, VA 20171 • Phone: 703-733-4122 • Fax: 703-318-4059 • www.studentclearinghouse.org

Authorization Agreement for Credit Card Payments

PAY INVOICE # _____

I hereby authorize the National Student Clearinghouse (the Clearinghouse) to initiate credit entries and if necessary, adjustments to the credit card indicated below for the payment of fees related to the StudentTracker service, in accordance with the Clearinghouse's published schedule of fees.

The Clearinghouse reserves the right to revoke this authorization in the event of dispute of the charge without prior notification; account closed without prior notification, or for any declined transactions.

Signed _____ Date: _____

Title: _____

Please complete all of the required fields below:

Customer Name

Account Number: _____
(For Clearinghouse Use Only)

Card Type: Visa MasterCard American Express Discover

Name on Card: _____

Card Number: _____ **Expiration Date:** _____

Cardholder's Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (____) _____ **E-mail address:** _____

******Please include a copy of the applicable invoice with this authorization.******