



NATIONAL STUDENT CLEARINGHOUSE

Services You Need. People You Trust.

2300 Dulles Station Blvd Suite 300 • Herndon, VA • 20171 • Phone: 703-318-4052 • Fax: 703-318-4059 • www.studentclearinghouse.org

Authorization Agreement for Automatic Credit Card Payments

PAY CURRENT INVOICE AND KEEP ON FILE FOR ALL FUTURE INVOICES

PAY INVOICE # _____ ONLY
(Please include a copy of the invoice with this authorization)

By signing below I 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 DegreeVerify and/or Enrollment Verify service, in accordance with the Clearinghouse's published schedule of fees. **This authorization will remain in force until the Clearinghouse has received written notice of its termination** in such time and in such manner to afford the Clearinghouse a reasonable opportunity to act on it **or when the credit card listed below expires.** Termination will require that payments be made by mail.

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.

Authorized Signature _____ **Date:** _____

Title: _____

Please complete all of the fields below:

Company Name

Clearinghouse Account Number: _____

Card Type: Visa MasterCard American Express Discover

Name on Card: _____

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

Cardholder's Address: _____

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

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