

PLU Bank Card Authorization Form

Please check one: VISA Mastercard American Express Discover

Other: _____ Card Number: _____ Expiration Date: ___/___/___

Cardholder Name: _____ Cardholder Phone Number: (_____) _____

Student Name: _____

Amount Authorized: \$ _____

Signature: _____ Print Name: _____ Date: ___/___/___

Please mail to: PLU Office of Admissions
Tacoma, WA 98447-0003