

North Idaho College
Auxiliary Services – Meal Cards
Credit Card Payment by Fax Authorization

Student Information

Student/Employee ID#

Last Name First Name Initial

Card Holder's Information

First Name Last Name

Address

City State Zip Code

Email Home Number

Cell Number

Work Number

Credit Card Information

Choose Credit Card type: Visa Master Card Discover Card

Credit Card # Expiration Date 3 Digit Security Code
(Last 3 digits on the back of credit card.)

Amount to be charged Term Year

Required Authorization

I authorize North Idaho College Auxiliary Services to charge the above referenced card for the amount specified to be used for the initial purchase of a NICard or to add money to an existing NICard.

_____ Date
(Cardholder's Signature)

Fax completed and signed form to 208-769-7814