



LINCOLN MEMORIAL
UNIVERSITY

CREDIT CARD
AUTHORIZATION FORM

Name:

Social Security Number:

Type of Credit Card:

Card Number:

Amount: \$

Expiration Date:

I authorize Lincoln Memorial University to charge my tuition costs to the above credit card.

Signature as shown on credit card

Mail this form along with your registration form to:

Lincoln Memorial University
Finance Office
Attention: Cashier
P.O. Box 2003
6965 Cumberland Gap Parkway
Harrogate, TN 37752