



Eastern University Student Accounts

Date: _____

Student's name: _____ I.D. number: _____

Card holder's name (if different from above): _____

Visa (only) number: _____ - _____ - _____

Expiration Date: _____ VIN #: _____

Authorize payment amount: \$ _____

Student address: _____

ZIP CODE _____

Phone number: home: (____) _____ - _____

Work/Cell: (____) _____ - _____

Signature: _____

Comments:

Office use only:

EU Student Accounts, please post this transaction to:

Program: **RN Refresher** **Session:** _____

Account # _____ **Detail #** _____

THANK YOU!