WSU Libraries
Fine & Fee Payment Authorization

Name: ______________________________________ Date: ________________

Shocker ID # or myWSU #: ____________________________________________

Telephone #: _______________________________________________________

MAJOR CREDIT CARD: _______ - _______ - _______ - _______

Expiration Date: _______/_______

CVV Number: ________ (three- or four-digit number on back of credit card)

Printed Name
of Card Holder: _____________________________________________________

Card Holder
Signature: __________________________________________________________

Amount: __________________________

MAIL TO:
University Libraries
Attention: Circulation
1845 Fairmount, Box 68
Wichita, KS 67260-0068

or

FAX TO:
Ablah Library, Attention: Circulation
Fax Number: (316) 978-3525

If questions, contact Circulation at (316) 978-3582.

7/13/06 jh