



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.