

VITERBO UNIVERSITY PAYMENT SLIP

Student Name _____ SSN or Viterbo ID# _____

Address _____ City _____ ZIP _____

DISCOVER/MC/VISA# _____ Exp. Date ___/___ CVV _____
on back of card

Amount to Pay \$ _____ Signature _____

You may also pay by check. Please make check payable to
"Viterbo University"