

Cashier's Credit Card Payment Form

(Please complete the form below for each credit card transaction. Attach completed forms to a Deposit Form that indicates the total amount of the credit card deposit. Submit all paperwork to the Cashier's Office (Room 155, Leahy Hall)

Department:

Date:

Contact Person:

Ext:

Email Mail Fax Phone In Person
(Circle Method of Contact)

Card Type: _____ Mastercard _____ Visa _____ DISCOVER _____
Operator Initials

Cardholder's Name: _____
(If 3rd party payment, please indicate name of person and/organization)

Cardholder's Full Address: _____

Card Number: _____ Expiration Date: _____

Amount to Charge: _____ Security Code: _____

Cardholder's Telephone Number: _____ Billing Zip Code: _____

IF REFUND:

Reason for Refund: _____

Refund Approved by: _____