



Credit Card Authorization Form

For purposes of this form, debit cards are treated the same as credit cards; any reference to credit cards includes credit and debit card transactions.

For security purposes, please do not e-mail credit card information. Completion of this form is not proof of payment until the department processes the information contained herein. Please print.

Date: _____

Customer/Student Name: _____

Panther ID#: _____ (If applicable)

Cardholder Name (please print): _____

Cardholder Billing Address: _____

Cardholder Zip Code: _____

Contact Phone Number: _____ Contact Email Address: _____

Payment Amount: \$_____

I, _____ authorize to charge the agreed amount listed above to my credit/debit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Additional Notes:

Upon successful authorization of payment, the bottom section of this form must be destroyed **immediately** using a cross-cut shredder only.

American Express Visa MasterCard Discover

Credit Card Number: _____

Expiration Date (MM/YY): _____