

**Office of Revenue, Receivable and Cashiering Services**

**Phone:(404) 413-3251**

**CREDIT CARD TERMINAL RETURN FOR DESTRUCTION**

**Complete and print out form. Please deliver old credit card terminal(s) with form to the University Cashier’s Office.**

**Print a duplicate form to be signed and returned to you, if needed for your departmental records.**

|  |  |  |
| --- | --- | --- |
| **1.** | **Date:** | Click or tap to enter a date. |
| **2.** | **Department Name:** | Click or tap here to enter text. |
| **3.** | **Department Location** | Click or tap here to enter text. |
| **4.** | **Contact Person & Phone Number:** | Click or tap here to enter text. |
| **5.** | **Equipment Type (Check all that apply):** |  |
|  | 1. **Credit Card Terminal(s):** |  |
|  | 1. **Pin Pad(s):** |  |
| **6.** | **Serial Number(s):** |  |
|  | **a. Credit Card Terminal(s):** | Click or tap here to enter text. |
|  | 1. **Pin Pad(s) (if applicable):** | Click or tap here to enter text. |

**RRCS Office Use:**

**Received By:**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Credit Card equipment to be delivered to cashier secured area for storage or destruction.**