



Office of Finance • 20003A Alfred B. Rollins Jr. Hall • Norfolk, VA 23529-0045 • Phone 757-683-3030 • Fax 757-683-4236

# CREDIT CARD PAYMENT FORM

Processor/Dept. \_\_\_\_\_

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

UIN# \_\_\_\_\_

Student Name /  
T-Party Name \_\_\_\_\_

T-Acct # \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ OR \_\_\_\_\_ Phone Payment

----- Payment Term -----

Address St. # \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

CVC Code: \_\_\_\_