



CREDIT CARD AND ACH PAYMENT FORM
Bursar's Office

AMOUNT: \$ \_\_\_\_\_

NAME OF PAYEE: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

IF DIFFERENT THAN PAYEE

STUDENT ID#: 66 \_\_\_\_\_

SEMESTER & YEAR: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

NUMBER AND STREET ADDRESS

CITY, STATE AND ZIP CODE

CONTACT PHONE NUMBER: \_\_\_\_\_

AREA CODE AND NUMBER

EMAIL ADDRESS: \_\_\_\_\_

CREDIT CARD PAYMENT

CHECK ONE: [ ] MASTERCARD [ ] VISA [ ] AMERICAN EXPRESS [ ] DISCOVER

CREDIT CARD#: \_\_\_\_\_

READ BACK IF TAKING VERBALLY

EXP DATE: \_\_\_\_\_

3 or 4 DIGIT SECURITY CODE: \_\_\_\_\_

(LOCATED ON THE BACK OF THE CREDIT CARD)

ACH PAYMENT

ROUTING # (9 DIGITS): \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

TAKEN BY: \_\_\_\_\_

DATE TAKEN: \_\_\_\_\_