



Payee/Student's Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Student's SHU ID (If Applicable) # \_\_\_\_\_

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

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

Cardholder Phone Number \_\_\_\_\_

Card Account Number (Last Four Digits) \_\_\_\_\_

\*Amount to be charged \$ \_\_\_\_\_

Reason For Payment \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

Revised 7/9/14

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

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

Card Account Number \_\_\_\_\_

\*Amount to be charged \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_

CVV (3 digit number on back of Visa/MC/Discover, 4 digits on front of AMEX) \_\_\_\_\_

**Important: The bottom half of this form will be shredded upon completion of this transaction.**