



Office of Finance • 20003 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: __ __ B B