

PAYMENT CARD AUTHORIZATION FORM
ONE-TIME AND RECURRING PAYMENTS

CARDHOLDER INFORMATION

Name	
Billing Address	
Billing Address (cont'd)	
City	
State	
Postal Code	
Country	
Telephone	

PAYMENT INFORMATION

Fund Name or Purpose	
I authorize a one-time charge against my payment card	Amount
I authorize a recurring charge against my payment card on or about the 15 th of each month	Amount Beginning month Number of payments

PROCESSOR INFORMATION

Submitted by	
Date	
Department	
Email	
Phone	
UB Account Number	
Purpose of Payment (e.g., registration, continuing education)	
Date of Event or Activity	
Processed by	
Date	

----- ✂ CUT HERE and CROSS CUT SHRED PAYMENT CARD INFORMATION ✂ -----

PAYMENT CARD INFORMATION – All Information must be handwritten

Payment Card	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Name on card	<i>Name must be handwritten</i>
Card number	<i>Card number must be handwritten</i>
Expiration date (mm/yy)	<i>Expiration date must be handwritten</i>
CVV	<i>CVV must be handwritten</i>