



# CREDIT CARD DEPOSIT

**All staff submitting cardholder data must be approved and adhere to PCI Compliance Standards. These credit card handling processes require Credit Card Deposit forms be securely submitted and transported in your assigned department cash bags to the Cashier's Office.**

Department Name \_\_\_\_\_ Prepared By \_\_\_\_\_ Phone No. \_\_\_\_\_ Date \_\_\_\_\_

**Customer Information**

Name (Last, First, MI) \_\_\_\_\_ Phone No. \_\_\_\_\_

Description (include customer last name)	Bus Unit	Fund	Dept	Account	Class	Program	Product	Project	Oper Unit	Amount
<b>Deposit Total</b>										

**Notes** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cardholder Payment Authorization for Deposit Total as Listed Above**

<p><b>Payment by:</b>    <b>Card Type:</b></p> <p> <input type="checkbox"/> Mail            <input type="checkbox"/> Visa            Cardholder Name _____  <input type="checkbox"/> Phone           <input type="checkbox"/> MasterCard    Billing Address _____ Billing Zip Code _____  <input type="checkbox"/> Fax                <input type="checkbox"/> American Express    Credit Card (provide only the last 4 digits) _____ Expiration Date (mm/yy) _____ </p>	<p><b>Cashier's Office Use Only</b></p> <p>Cashier Initial: _____ Date: _____</p> <p>Receipt # _____</p>
--	--

Credit Card Number \_\_\_\_\_

CREDIT CARD NUMBER MUST BE LEGIBLY PRINTED