PEPPERDINE UNIVERSITY

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
									Deposit Total	

Notes _____

_____

_____

_____

Cardholder Payment Authorization for Deposit Total as Listed Above

Payment by:	Card Type:		**Cashier's Office Use Only**

Payment by: **Card Type:**

☐ Mail   ☐ Visa   Cardholder Name _____

☐ Phone   ☐ MasterCard   Billing Address _____ Billing Zip Code _____

☐ Fax   ☐ American Express   Credit Card (provide only the last 4 digits) _____ Expiration Date (mm/yy) _____

Cashier's Office Use Only

Cashier Initial: _____ Date:_____

Receipt # _____

Credit Card Number _____
CREDIT CARD NUMBER MUST BE LEGIBLY PRINTED

Version: 01.24.24