

PEPPERDINE UNIVERSITY

CREDIT CARD DEPOSIT

Customer Information

Name (Last, First, MI) _____	Phone No. _____
Department Name _____	Prepared By _____
Extension _____	Date _____

Description	Bus Unit	Fund	Dept	Account	Class	Program	Product	Project	Oper Unit	Amount
Deposit Total										

Notes _____

Payment Authorization for Deposit Total as Listed Above

Payment by:	Card:	Credit Card Number _____	Expiration Date _____
<input type="checkbox"/> Mail	<input type="checkbox"/> Visa	Billing Address _____	Billing Zip Code _____
<input type="checkbox"/> Phone	<input type="checkbox"/> MasterCard		
<input type="checkbox"/> Fax	<input type="checkbox"/> American Express		
Cardholder (Signature) _____		Print Cardholder Name _____	
		Date _____	

Cashier Use Only

Cashier Initial _____	Date _____	Receipt Number _____
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