



University of Colorado at Colorado Springs

P.O. Box 7150 • 1420 Austin Bluffs Parkway • Colorado Springs, CO 80933

719-255-3391

Credit Card Fax Authorization Form

UCCS Bursar's Office FAX # – (719) 255-3393

Student's Name: _____

Student's ID Number: _____

Cardholder's Name: _____

Phone Number: _____

Cardholder's Billing Address: _____

TYPE OF PAYMENT

Visa **Card #:** _____ **Exp Dt:** _____ **CVC:** _____

MC **Card #:** _____ **Exp Dt:** _____ **CVC:** _____

Amex **Card #:** _____ **Exp Dt:** _____ **CVC:** _____

Amount to be Charged: \$ _____

By submitting this form, you are authorizing University of Colorado at Colorado Springs to charge your credit card number for the amount indicated on this form. In order to process your payment, please complete this form thoroughly with an affix cardholder's signature. The charge on your credit card statement will show payments made to 'UCCS Payment Cashier'.

Cardholder's Signature: _____ **Date:** _____

If you would like a copy of the receipt, please list your fax number or mailing address in the space below:

