



University of Colorado  
Colorado Springs

Student Financial Services (SFS)  
1420 Austin Bluffs Parkway  
Colorado Springs, CO 80918  
719-255-3391

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**Credit Card Fax Authorization Form**

**UCCS SFS Office Fax # – 719-255-3393**

**Student** Name: \_\_\_\_\_  
ID Number: \_\_\_\_\_

**Cardholder** Name: \_\_\_\_\_  
Billing Addr: \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Payment for:**  
(check all that apply)

General Payment       SDM Payment Plan  
 Fall       Spring       Summer  
 Other: \_\_\_\_\_

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**Credit Card Information**

Visa       MasterCard       Discover       AmEx

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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