OHIO UNIVERSITY

Credit Card Payment Form

Description of Service/Sale: _____

Student's Name (if applicable):	Student's PID or SSN (if applicable):
Type of Card: ❒ American Express ❒ Discover ❒ MasterCard ❒ Visa	
Cardholder's Account Number:	Expiration Date (MM/YY):
Cardholder's Name (as it appears on card):	Cardholder Phone Number:
Cardholder's Signature:	Total Amount to Charge:

Oracle Account(s) to Credit:

Fund Type (3)	Fund/ Source (4)	Organization (5)	NA/ ET (6)	Project (9)	Task (2 - 8)	Dollar Amount

Payment accepted by: _____ _____ _____
Name Extension Department

The department will incur the merchant fees associated with this transaction.

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