

The University of Texas at San Antonio

CREDIT CARD PAYMENT FORM

Instructions: Complete this form to record credit card payments that will be processed by Fiscal Services. Departments may also use this form to record credit card payments received over the phone or by mail. All cardholder data is confidential and may only be shared with parties responsible for processing or recording the payment. This form must be shredded after the transactions are completed.

IMPORTANT: *The credit card discount charge for Visa payments processed by FSO must be billed to the departmental M&O account. Credit card discount charges for all other credit card types may be billed to the cardholder or to the departmental M&O account. For more information, see the Deposit Transmittal Form.

Payment Date:				Cardholder Banner ID # (If applicable):													
Cardholder Name:								Cardholder Phone #:									
Credit Card Type:		<input type="checkbox"/> MasterCard®			<input type="checkbox"/> Discover®			<input type="checkbox"/> American Express®				<input type="checkbox"/> Visa®*					
Card #:																	
Expiration Date:				CVC/CVV/CID # (3 or 4-digit):				Credit Card Billing Zip Code:									
Credit Card Payment Amount:																	
Credit Card Discount Charge (2.0%):																	
Total Payment Amount (The sum of the credit card payment amount and the credit card discount fee):																	

Payment Date:				Cardholder Banner ID # (If applicable):													
Cardholder Name:								Cardholder Phone #:									
Credit Card Type:		<input type="checkbox"/> MasterCard®			<input type="checkbox"/> Discover®			<input type="checkbox"/> American Express®				<input type="checkbox"/> Visa®*					
Card #:																	
Expiration Date:				CVC/CVV/CID # (3 or 4-digit):				Credit Card Billing Zip Code:									
Credit Card Payment Amount:																	
Credit Card Discount Charge (2.0%):																	
Total Payment Amount (The sum of the credit card payment amount and the credit card discount fee):																	

Payment Date:				Cardholder Banner ID # (If applicable):													
Cardholder Name:								Cardholder Phone #:									
Credit Card Type:		<input type="checkbox"/> MasterCard®			<input type="checkbox"/> Discover®			<input type="checkbox"/> American Express®				<input type="checkbox"/> Visa®*					
Card #:																	
Expiration Date:				CVC/CVV/CID # (3 or 4-digit):				Credit Card Billing Zip Code:									
Credit Card Payment Amount:																	
Credit Card Discount Charge (2.0%):																	
Total Payment Amount (The sum of the credit card payment amount and the credit card discount fee):																	