

Credit Card Payment Authorization Form

INSTRUCTIONS

1. This form must be printed and accompanied by a DDR
2. To protect the cardholder's information, please do not email or fax this form to ABS it is suggested that this form is dropped off to the ABS office, Attn: Sandy Verdier, LMN 3rd floor
3. ** Please redact credit card number on all copies except on original **

CONTACT INFORMATION

Contact Name	Department	
Email Address	Location	Phone
Business Purpose		

CARDHOLDER INFORMATION

Method of Collection	Phone Order	In Person	Other
Credit Card Type	Visa	MasterCard	Discover American Express
Name			
Street Address/City/State/Zip Code			
Cardholder Email Address			
Credit Card Number (Please Write in manually)	Amount	Expiration Date	
Cardholder Signature (If cardholder is present)			Date
Collected by USF Staff Member (Print Name)	Staff Member Signature	Date	

FOR INTERNAL ABS USE ONLY

Credit card number and expiration date will be redacted after the transaction is processed in CASHNet.

Prcessed by ABS Staff	Confirmation Number	Date
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