



Credit Card Payment Form

Third Party Contracts

Bursar's Office – McTarnaghan Hall
Office of the Controller

Phone: (239) 590-1213
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10501 FGCU Boulevard South
Fort Myers, FL 33965

This form is to be used by Third Parties that have an authorized contract with the FGCU Bursar's Office and wish to pay with a credit card by mail or by fax machine. When completed, this form should be treated as if it were cash and kept secure at all times until remitted to the FGCU Cashier's Office. FGCU is not responsible for lost or stolen credit card information supplied on this form prior to receipt by the Cashier's Office. Your payment will be processed as soon as it is received. You will not be mailed a receipt for this transaction. If, for whatever reason, your credit card is declined, you will be notified by telephone.

_____	_____	_____
Student Name	UIN (Student ID Number)	Date
Total Amount to be Charged: _____		
_____	Credit Card Type:	
Credit Card Number	<input type="checkbox"/> Visa	
_____	<input type="checkbox"/> Master Card	
Expiration Date	<input type="checkbox"/> American Express	
_____	<input type="checkbox"/> Discover	
Name on the Credit Card		

Phone Number		

I authorize Florida Gulf Coast University to charge my credit card the amount indicated above.

_____	_____
Signature of Cardholder	Date

OFFICE USE ONLY BELOW THIS LINE

_____	_____
Processed By	Date