

**Stetson University, Inc**  
Finance Office  
Department Credit Card Authorization Form

Department \_\_\_\_\_ Date \_\_\_\_\_

Prepared By \_\_\_\_\_ Ext \_\_\_\_\_ Unit \_\_\_\_\_

Card Holder Name \_\_\_\_\_ Phone # \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit Card # \_\_\_\_\_ \*CSV \_\_\_\_\_

Card Type Circle one



Exp Date \_\_\_\_\_ Amount to Charge \$ \_\_\_\_\_

FOAP to Credit \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Description:

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If somebody wants to use a credit card to pay your department; fill out the above information and send this along with your deposit and the receipt will be mailed to you.

Send to: **Accounts Receivable Coordinator**  
**Finance Office – Unit 8318**

Located: **Elizabeth Hall - Room 110**

- **CSV-** Visa, MasterCard & Discover are three digits on back of card. American Express is four digits on the front of the card.