

Credit Card Payment

Date: _____

Student's Name: _____

Amount: \$_____ Purpose (Orlando, fees, etc.): _____

Please complete the information below:

Name as it appears on the credit card: _____

(Billing) Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email address: _____

Credit Card Type (Visa/MC/Am Ex): _____ Exp. Date: _____

Credit Card #: _____ CVC/CVV Code: _____

Notes: _____

Put this form in an envelope labeled Attn: Band Treasurer. Place the envelope in the Red Box in Band room or mail to: PO Box 910068-Lexington, KY 40591

This form will be shredded after the transaction has cleared

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