

CREDIT CARD PAYMENT AUTHORIZATION

CARD HOLDER NAME : _____

CARD TYPE: _____

CARD NUMBER: _____

EXPIRATION DATE(MONTH/YEAR): _____

AMOUNT: _____

BILLING ADDRESS: _____

**Would you like us to keep
your credit card information
on file for future payments?**

YES

NO

AUTHORIZATION SIGNATURE: _____

DATE: _____

To authorize UCI Calit2 to bill your credit card for equipment or facilities usage fees, please fill out the following form. Once completed, email it to Danielle Brewer at dmbrewer@uci.edu. Please then call in to (949) 824-0204 to provide your credit card number details. **DO NOT SEND ANY SECURE INFORMATION ELECTRONICALLY.** Calit2 will use the billing information to process the charges and will immediately redact or destroy any confidential information. Thank you for helping us keep your information secure.