UNIVERSITY COURTYARD

Date: _____

To Whom It May Concern:

Amount is to be applied to the outstanding housing balance of_____
(Resident Name)

whose account number is _____. I authorize University Courtyard to debit my credit card in the amount of:

*******Must Be Completed**

* □ One time transaction OR □ Automatic Deduction (card will be charged per Payment schedule)

$_____

*Credit Card Holder Name: _____

*Credit Card Type (Please Circle): Visa MasterCard

*Credit Card Number: _____

*Expiration Date: _____

*Three digit code _____ (Last three digits located on the backside of card)

*Billing Address_____

_____

*Cardholder Signature: _____

*Print Cardholder Name: _____

*Contact Phone Number: _____

Special Instructions / Notes:_____

_____

_____

Please refer any questions regarding this form to University Courtyard accounting at (559) 278-2396.

5152 N. Barton Ave. M/S RH82, Fresno, Ca. 93740, (559)278-2396, Fax (559)408-5530
www.universitycourtyard.org