

UNIVERSITY COURTYARD

Date: _____

To Whom It May Concern:

I authorize University Courtyard to credit the refund for _____ whose
(Resident Name)
account number is _____.

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

*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.