

Credit Card Authorization – Activity Fee

Visa, MasterCard, American Express, Discover



Developmental Research School
at the University of Florida

Cardholder Name: _____ Phone: _____
(Print name as it appears on card)

Cardholder Email Address: _____

Card Billing Address: _____
(Address where credit card number, street, apt #
bill is **received**.) _____
city, state, zip

Amount to be Charged: \$ _____ Student Name: _____

I authorize P.K. Yonge Developmental Research School to charge the credit card below for the amount entered above for the purpose of:

By signing I certify that I am authorized to make charges to the credit card below.

Authorized Signature _____ Date _____

The information below will be destroyed once payment is processed and approved

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Credit Card Number: _____ Exp Date: _____ CVV Code: _____

MAIL FORM to P.K. Yonge DRS, 1080 SW 11th Street, Gainesville, FL 32601

FAX FORM to SECURE NUMBER: (352) 392-3042

Due to UF Privacy Policy we are unable to accept this completed form via email.

Questions? 352-294.9091