

# Credit Card Authorization

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 bill is **received**

\_\_\_\_\_

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

\_\_\_\_\_ \$ \_\_\_\_\_  
Authorized Signature Date Amount

### For P.K. Yonge Families:

Student(s) Name(s): \_\_\_\_\_

Payment for:  Activity Fees  Other – please describe: \_\_\_\_\_

### For Participants in Professional Learning Outreach Events:

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Number Attending: \_\_\_\_\_ School/District Attending: \_\_\_\_\_

Name and Email for Receipt: \_\_\_\_\_

*(Information below will be destroyed once payment is processed and approved)*

\_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

CVV Code: \_\_\_\_\_

**MAIL FORM or FAX TO SECURE NUMBER: 352-392-3042**

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

**Questions? 352.294.9091**