

BINGHAMTON UNIVERSITY

FOUNDATION

Accounting Services Credit Card Deposit Form

CONFIDENTIAL

Internal Use Only

Fund	Account Code
<input type="text"/> <input type="text"/>	<input type="text"/> 4 <input type="text"/> 9 <input type="text"/> 0 <input type="text"/> 0
	Other Income

Date _____

Depositor _____

Department _____

Account Information

Number

Name _____

Deposit Amount _____ \$0.00 *(credit card only)*

Description/Purpose _____

(if received by 3rd party

please include name)

Please Note *A Merchant Credit Card Processing Fee will be charged for all credit card transactions*

*All Donation Deposits should be sent to the Binghamton University Foundation
Gift & Donor Records office (AD 208)*

A 10% fee is charged on Restricted (1XXXX) & Agency (5XXXX) Account Deposits

Credit Card Information

Cardholder Name _____

Signature _____

(If cardholder's signature is not available - Signature of person taking the information)

Card Type (please check one):

Visa

MasterCard

American Express

Discover

Card Number: / / /

3-Digit Security Code *(from back of credit card)*

Expiration Date: _____ / _____

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