



UNC CHARLOTTE

Credit Card Remittance Form

PLEASE REMEMBER TO INCLUDE:

- Your Visa, Mastercard, or Diners Club card number.
- The cardholder's signature.

(Please Print)

STUDENT NAME: _____ DATE: _____

UNC CHARLOTTE ID #: _____

DAYTIME TELEPHONE NUMBER: _____

CARDHOLDER'S NAME: _____

CARD TYPE: Mastercard Visa Diners Club

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____ AMOUNT OF PAYMENT: _____

CARDHOLDER'S SIGNATURE: _____

For *readmission* payment please fax to:

704-687-3340

For *tuition* payments, please fax to:

704-687-3803