



### Non-Student Credit & Debit Card Payment Form

This form is used to request a credit card or debit card payment from a vendor or payee for units that do not have a card payment terminal or gateway. The top portion of the form should be completed by the unit requesting the payment or the Cashier's Office staff through consultation with the unit.

Card information may **only** be obtained by the Cashier's Office staff.

The completed form, along with any questions and supporting documentation, should be directed to the Cashier's Office at: [cashiers@uwlax.edu](mailto:cashiers@uwlax.edu).

#### Transaction Information

UWL Contact Name: \_\_\_\_\_ Date: \_\_\_\_\_

UWL Contact Department: \_\_\_\_\_ UWL Contact Phone: \_\_\_\_\_

Vendor or Payee Name: \_\_\_\_\_

Cardholder's Phone Number: \_\_\_\_\_

Cardholder's Email: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Purpose of Payment: \_\_\_\_\_

WISER Department Name to Receive Payment: \_\_\_\_\_

WISER Account to Deposit Payment (XXX-X-XXXXXX): \_\_\_\_\_

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#### Cashier's Office Use Only

Name of Cardholder: \_\_\_\_\_

Credit Card Company (VISA, MasterCard, etc.): \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

Date Processed by Cashier's Office: \_\_\_\_\_