



UNCP International Programs Credit Card  
Payment Transmittal Form  
(All fields are required and must be completed)

Event/Program:

Name of Student:

Name on Card:

(enter name exactly as it appears on credit card)

Billing Address:

(city)

(state)

(zip code)

Telephone Number:

Type of Card:

MasterCard

Visa

Card Number:

Expiration Date:

/

Authorized Charge:

Cardholder Signature: \_\_\_\_\_

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

- **If paying with your Debit Card, please contact your bank to make sure your payment will clear your daily withdrawal limit.**
- The cardholder must sign this form in order for the charge to be processed.
- If I withdraw from the Event/Program listed above, I understand that all deposits/payments are non-refundable.

**Please return form to:**

University of North Carolina at Pembroke  
International Programs  
1 University Drive, PO Box 1510  
Pembroke, NC 28372-1510  
Email: [ip@uncp.edu](mailto:ip@uncp.edu)  
Phone: 910-775-4095  
Fax: 910-521-6864