



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
Phone: 910-775-4095
Fax: 910-521-6864