

## CREDIT CARD PAYMENT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Description of charge: \_\_\_\_\_

PLEASE CHARGE \$ \_\_\_\_\_ TO THE CREDIT CARD LISTED BELOW  
(There will be an administrative service fee of 4% added to this amount):

Credit Card number: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ (Visa, MasterCard or Discover only)

Expiration Date (MM/YY): \_\_\_\_\_

3-Digit Security Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Card Billing City, State, Zip: \_\_\_\_\_

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### SIGNATURE

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

*By signing this payment form, I acknowledge and agree to the above charge to my credit card.*

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FOR QUESTIONS OR ADDITIONAL INFORMATION PLEASE CONTACT THE INDIVIDUAL LISTED BELOW.

**PLEASE RETURN THIS FORM TO:**

Capital Area Intermediate Unit

Attn: Michelle Davis

55 Miller Street, Enola, PA 17025

Email: mdavis@caiu.org Phone: (717) 732-8400 xt. 8266 Fax: 717-732-8414