

# Kent State University College of Podiatric Medicine

## Student Affairs Credit Card Transaction Form

Cashier Ticket / Miscellaneous Payment Authorization

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### PAYMENT INFORMATION

Name \_\_\_\_\_

Amount \_\_\_\_\_

Credit Card # \_\_\_\_\_

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

CCV Code \_\_\_\_\_

Zip Code \_\_\_\_\_

### PAYMENT PURPOSE

Tuition Deposit (101509-110800-24014)

Save a Seat (101509-110800-24014)

Special Hoods (101510-110800-53085)

Exhibitor

### SPECIAL HANDLING INSTRUCTIONS

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