



**CREDIT CARD VOUCHER FORM**

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

Student SSN (last 4 digits only): XXX-XX- \_\_\_\_\_

\$75.00 Enrollment Deposit

Name (as appears on card): \_\_\_\_\_

Card Number\*: \_\_\_\_\_

*\* We do not accept American Express*

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Visa       Mastercard       Discover

Billing Address (as appears on statement):

\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

I certify that the information on this form is true and correct.

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

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

\*For information taken over the phone:

Name of contacted person: \_\_\_\_\_

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

**Office of Admissions**

TF 888.282.9324 (toll-free) | P 276.328.0102 (local) | E admissions@uvawise.edu

1 College Avenue | Wise, VA 24293 | [uvawise.edu](http://uvawise.edu)