

UCLA Library

Credit Card Transaction Authorization Form

To pay library bills by credit card, print this form and fill in the information. Mail it **along with a copy of your library bill** to:

**Library Business Services
Payment Processing Unit
Box 951575
Los Angeles, CA 90095-1575**

or fax a copy to: **(310)-825-7988**

Credit Card (*Circle One*): Visa MC DISC AE

Name on the card: _____ (Last, First, Middle)

UCLA BruinCard or Library Account Number: _____

Credit Card Account Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____ (MM/YY)

Amount to be charged: \$ _____

Zip Code: ____ (Zip code is required by major credit card companies for processing credit card transactions where the credit card is not presented in person to be swiped).

Authorized Signature: _____

Contact Phone Number: _____ (Just in case, we need to reach you for additional information.)

For assistance with payment questions, please contact Library Business Services (LBS) at (310) 206-9770 or via e-mail at lbs-billing@library.ucla.edu.

Caution: never send your credit card number to LBS by e-mail.