University of Minnesota Libraries

CREDIT CARD PAYMENT FORM

Please fill out the following form and return to the address below. Payment will be credited upon authorization from credit card issuer. All information must be accurate and complete.

Name (Last, First, M.I.)	
Student ID No.	Daytime Phone No.
Credit Card No.	Expiration Date
Credit Card Type: ☐ American Express ☐ Discover ☐ Mastercard ☐ Visa	
Please charge my credit card for the amount of: $_____	
Signature	Today's Date

Please return this form to:

Borrowing Privileges & Fines
110 Wilson Library
309 19th Avenue South
Minneapolis, MN 55455
FAX: 612.626.8968

Please refer questions to:

612.624.3383
fines@umn.edu