

Penfield Library Fax Form

This form is a record of patron permission to execute a remote credit card transaction by Penfield Library on their behalf. By signing the document, you are attesting that you have read and agree to have the specified amount deducted from your credit card account to pay library fines/fees. If you have questions, please contact the circulation desk at 315.312.2560.

Before faxing, please be sure that you have:

Correctly and legibly written in your credit card number

Correctly and legibly written in the amount to be paid.

Signed and printed your name.

Entered all other information correctly and legibly.

FAX Number: 315-312-3193

Name: _____ Phone: _____

Address: _____

Student ID Number (or birth date if not available): _____

Credit Card #: _____

Type (circle one) VISA MASTERCARD DISCOVER

Expiration date: / / Billing Zip Code: _____

Amount to be billed: \$ _____

By signing, I attest that this information is accurate and that I give my permission for the amount specified to be deducted from the account specified above.

Signature: _____

Full name (printed): _____

Today's date: _____