

Credit Card Transaction Form

EFTS

Electronic Fund Transfer System
The University of Connecticut Health Center

Date: _____

LIBID: _____

Organization: _____

Address: _____

Zip Code: _____

Contact: _____

Phone Number: _____

Credit Card Type: _____ MC _____ Visa

Card Number: _____

Expiration Date: _____

Card Verification Number (3 digits on back of card) _____

Name on Card: _____

University of Connecticut Health Center
Dba Electronic Fund Transfer System
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