

# DD5CARD APPLICATION

Today's Date: \_\_\_\_\_ UVIC ID Number: V \_\_\_\_\_

Full Printed Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
 Apt # \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Contact Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

University Food Services reserves the right to alter or cancel card when/if applicable. I declare that the above information is correct and agree to all rules and standards set for this card.

Agreement Signature: \_\_\_\_\_

**NEW CARDHOLDER:** (MINIMUM \$50 REQUIRED) Choose Payment Option A or B below and **SUBMIT FORM**

**UVIC INTERNAL CARDHOLDERS:** Choose Payment Option C, provide acct information, and **SUBMIT FORM**

PLEASE CHOOSE A PAYMENT OPTION: A: ☐ B: ☐ C: ☐

## PAYMENT OPTION A : ONLINE

To pay online by Visa / MasterCard / Amex please follow the link provided and instructions listed below:

<http://www.uvic.ca/foodpay>

- |  |   |
|--|---|
| Step 1. Name: Cardholders Name               | Step 6. Province/State: Current Province/State of residence                 |
| Step 2. Phone Number: Payee phone number     | Step 7. Postal/Zip: Current Province/State of residence                     |
| Step 3. Address Line 1: Card Holder Address  | Step 8. Country: Current location   |
| Step 4. Address Line 2: Cardholder Full Name | Step 9. Email: Payee's email address  |
| Step 5. City: Current location               | ***Step 10. Invoice/PO: Supply the UVic student ID number . Starts with "V" |
|  | ***Failure to provide will cause a delay in receiving money onto card.      |

## PAYMENT OPTION B: IN PERSON

University Food Services head office is open 8:30am to 4:30pm Monday to Friday, located on the main floor of Carroll Residence.



I, the designated cardholder, permit the University of Victoria, Food Services to charge the above credit card and verify my agreement by signing below

Card Holder Signature: \_\_\_\_\_

## PAYMENT OPTION C: FAST ACCOUNT (Internal to UVic ONLY)

FAST Account: \_\_\_\_\_

FUND **	ORG **	SUBCODE **	ACTIVITY	PROGRAM	**Denotes REQUIRED Fields**
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Account Holder Signature: \_\_\_\_\_ Must be account holder signature as per UVic FIA Policy

### Office Only

Payment Received: ☐ Card Completed: ☐ Clerks Initials: ☐ Received Card: ☐