

GAR ONLINE CREDIT CARD SYSTEM DEPARTMENT AUTHORIZATION

CONTACT NAME: _____

DEPARTMENT: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

CATEGORY CODE: _____

C-FOAPAL: _____

AUTHORIZED SIGNATURE: _____

(I authorize University Accounting and Financial Reporting
(UAFR) to bill the monthly credit card processing fee to the above C-FOAPAL. Fees charged by
the card companies are expected to be approximately 2.4% of gross sales for each participating
department.)

The following data elements will appear in a table of publicly accessible “allowed” category codes on the GAR payment Web site. This table will enable customers to determine which invoices can be paid online before accessing the system.

CATEGORY CODE: _____

DEPARTMENT: _____

CONTACT PHONE: _____

CONTACT E-MAIL: _____

If you have any questions, please contact Susan Cotter at 217-244-6022 or skcotter@uillinois.edu.