

IU SOUTHEAST Campus Card Services Monthly Transaction Listing Request Form

Please complete the information below to receive a monthly transaction list of your U Card usage:

Card Holder's Name: _____ ID #: _____

How would you like to receive your statement?

Faxed to: _____
Name Fax Number

E-mail to: _____
Name E-mail Address

Signature of Card Holder

Date

**Please return this completed form to: Campus Card Services, University Center South,
Room #103,
4201 Grant Line Road, New Albany, IN 47150 or fax to 812-941-2639. For questions
regarding your
U Card account, please call 812-941-2335.**