

**Credit Card Payment Authorization**

Name of Student or Attendee: \_\_\_\_\_

Name that appears on Credit Card: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_

Charge Amount: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Reason for Payment: \_\_\_\_\_

I \_\_\_\_\_ authorize Austin Community College to  
Charge \$ \_\_\_\_\_ to the credit card number listed above.

\_\_\_\_\_

Cardholder Signature

\*\*\*\*Please include with fax a photocopy of ID of cardholder\*\*\*\*

(Please fax authorization to SVC cashiers office at 223-1906)