

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)