



# Credit Card Authorization Form

Name of Student(s): \_\_\_\_\_

Student(s) ID No.: \_\_\_\_\_

Person's Name on the card: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Edmonds Community College to charge:

Amount: USD \_\_\_\_\_

Amount in words: \_\_\_\_\_ dollars

On my credit card (*check one*)    MasterCard                  Visa                  American Express                  Discover

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

Expiration date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_    Security Code (3 digits on the back of the card): \_\_\_\_\_

For (*check all that applies*):

Application Fee Only (\$50 - non-refundable)

Mailing Fee (\$40 - non-refundable)

Signature of Cardholder (as shown on your Credit Card)

Date

\_\_\_\_\_

\_\_\_\_\_