

East Los Angeles College

Fiscal Office

1301 Avenida Cesar Chavez

Monterey Park, CA 91754

Tel: (323)265-8701 Fax: (323)265-8994



CREDIT CARD AUTHORIZATION FORM

STUDENT NAME: _____

STUDENT ID #: _____

ADDRESS: _____

PAYMENT FOR: Enrollment Fees FA Overpayment Other: _____

SEMESTER _____ YEAR _____ Amount _____

By undersigned, I authorize **East Los Angeles College** to charge my credit card as indicated below.

DATE: _____

NAME (as it appears on credit card): _____

CARDHOLDER'S RELATIONSHIP TO STUDENT: Self Other: _____

TYPE OF CARD: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER: _____ - _____ - _____ - **XXXX** Do not include last four digits, we will get them when we call you.

EXPIRATION DATE and VERIFICATION CODE: We will be contacting you via phone, please provide a contact phone number where you can be reached.

Phone #: _____

AMOUNT TO BE CHARGED: \$ _____

CARD HOLDER'S SIGNATURE: _____

CARDHOLDER'S BILLING ADDRESS: _____
(if not student)

Please email the completed form to: fiscaloffice@elac.edu