



LOS ANGELES MISSION COLLEGE-Business Office

Phone (818) 364-7600 ext. 7110 - FAX (818) 833-3317

CREDIT CARD CHARGE/CREDIT AUTHORIZATION

I, _____, (card holder's name, exactly as it appears on your credit card) authorize Los Angeles Mission College to charge/credit to my credit card, as authorized below. Attached is a copy of the front and back of my credit card along with a copy of my driver's license or state identification card.

Student Name:	
Student ID No.:	-- --
Reason for Payment/credit: *Student Telephone Enrollment System (STEP) can accept credit card payment for current & one prior semester of enrollment fees.	*Enrollment Fees / Semester & Yr.: NSF (Returned) Check: Library Fine: _____ Financial Aid Re-payment: Book Loan Re-payment: Other (describe): _____
Total Payment/credit Amount Authorized:	\$
Credit Card Type:	MC / Visa / Disc / Am Ex
Complete Credit Card Acct. No.:	
Security Code:	
Expiration Date (Month Year):	
Card Holder's Name:	
Billing Address:	
City / State / Zip Code:	
Telephone Number	
Signature	