

# 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](mailto:fiscaloffice@elac.edu)