



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*):

Tuition

Other (amount in USD and explanation)

Signature of Cardholder (*as shown on your Credit Card*)

Date
