

## 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 Miss	ion College to charge/credit to my credit card,
as authorized below. Attached is a copy of the	e front and back of my credit card along with
a copy of my driver's license or state identific	ation 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 I 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 (MonthlYear):	
Card Holder's Name:	
Billing Address:	
City / State / Zip Code:	
Telephone Number	
Signature	