

CREDIT CARD CHARGE AUTHORIZATION FORM

**San Diego Mesa College
Accounting (I4-106)
7250 Mesa College Dr., San Diego, CA 92111
Office (619)388-2704**

Please fill out all the required information and fax or email it back to Mesa College Accounting Office
Fax # 619-388-2821
email: mestuact@sdccd.edu

Date: _____

Student Name: _____

Student ID# _____

Authorization Statement:

I authorize San Diego Mesa College Accounting to charge my card in the amount of: \$ _____

for: _____

Credit Card # _____ Exp. Date: _____ / _____
(Visa or Master Card Only) (Last 3 digits)

(Cardholder)
Billing Address: _____

(City) (State) (Zip)

Phone # _____

(Cardholder)
Name: _____
(Please Print)

(Cardholder)
Signature: _____
(Signature must be hand written)