

East Los Angeles College  
 Fiscal Office  
 1301 Avenida Cesar Chavez  
 Monterey Park, CA 91754  
 Tel: (323)265



## 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): \_\_\_\_\_

Self       Other: \_\_\_\_\_

TYPE OF CARD: \_\_\_\_\_ VISA    \_\_\_\_\_ MASTERCARD    \_\_\_\_\_ AMERICAN EXPRESS    \_\_\_\_\_ DISCOVER

CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ; ; ; ;    'R QRW LQFOXGH ODVW IRU GLJLW  
 JHW WKHP ZKHQ ZH FDOO \RX

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 \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 (if not student)

\_\_\_\_\_

**Please email the completed form to: [fiscaloffice@elac.edu](mailto:fiscaloffice@elac.edu)**