INSTITUTE FOR INTERNATIONAL STUDENTS

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Email: institute@ccsf.edu

CREDIT CARD PAYMENT AUTHORIZATION FORM

☐ New Student ☐ Returning Student ☐ Fall ☐ Spring ☐ Summer 20_____

Student Name: _____ Student ID: _____
Last First Initial

Student Address: _____ Phone: _____
Street

_____ Email: _____
City State Zip Code

I authorize City College of San Francisco to charge my credit card in the amount of USD $_____

☐ VISA ☐ MASTER CARD

Credit Card Account Number:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration Date:

☐☐/☐☐
M M Y Y

***(For credit cards from overseas, please inform your credit card company in advance regarding this payment to City College of San Francisco. Any DECLINED credit card will be charged extra $25 USD.)**

Card Holder Name: _____ Signature: _____ Date: _____

OFFICE USE ONLY

Manual Charges:

☐ ESL2 $_____ Institute Withdrawal Fee
☐ ESL3 $_____ DHL Fees
☐ ESL4 $_____ Credit Card Fees
☐ ESL5 $_____ Activities and Field Trip Fees
☐ ESL6 $_____ Miscellaneous (Express Handling Service Fee)
☐ ESLP $_____ Institute Application Processing Fee

Tuition and Fees:

☐ ESL1 $_____
☐ HF01 $_____

Received by: _____ **Date:** _____

Processed by: _____ **Date:** _____

Original: Cashier **Duplicate:** Institute