INSTITUTE FOR INTERNATIONAL STUDENTS

50 PHELAN AVENUE BOX C208 SAN FRANCISCO CA 94112 PHONE415 239 3895 FAX 415 239 3804
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)**

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