



CITY COLLEGE SAN FRANCISCO

TUITION AND FEES OFFICE

50 PHELAN AVENUE • SMITH HALL 118 • SAN FRANCISCO, CA 94112 • (415) 239-3522 • FAX (415) 239-3735

Credit Card Payment Authorization Form

Student Name: _____ **Student ID:** _____

Student Address: _____ **Phone:** _____

_____ **Email:** _____

Term: Fall 20____ Spring 20____ Summer 20____

I authorize City College of San Francisco to use my credit card to pay for Tuition and Fees in the amount of \$_____.

<p>Check One: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD</p> <p>(Print) Card Holder Name _____</p> <p>Credit Card Account Number:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Expiration Date:</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>M M Y Y</p>
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Cardholder's Signature _____ Date: _____

Note: All fees are subject to change without notice. The enrollment fee per semester unit is \$36.00. The nonresident tuition fee per semester unit is \$187.00 plus \$36.00 per semester unit for enrollment fee. International tuition fee per semester unit is \$187.00 plus \$36.00 per semester unit for enrollment fee. Student health fee \$17.00, Web fee \$3.00 and A.S. Membership \$5.00 (Voluntary).