



CITY COLLEGE SAN FRANCISCO

TUITION AND FEES OFFICE

50 FRIDA KAHLO WAY • MUB 130A • SAN FRANCISCO, CA 94112 • (415) 239-3522 • FAX (415) 239-3060

Credit Card Refund Request Form

Date: _____ **ID. No:** _____

Name: _____ **Email:** _____

Address: _____ **City/State/Zip:** _____

Dear _____,

Our records indicate that you have paid your fees (Enrollment, Non-resident Tuition, etc.) with a VISA or MASTERCARD. In order to properly credit your account, you will need to bring in the charge card that was originally used to pay your fees, or the receipt from the VISA or MASTERCARD transaction.

If you are unable to come in, please complete the information below, and return this form authorizing City College of San Francisco to credit your VISA, MASTERCARD, DISCOVER or email your request to our office at tuition@ccsf.edu or email your request to our office at tuition@ccsf.edu.

Check One:	VISA	MASTERCARD	DISCOVER	AMEX
(Print) Card Holder Name _____				
Credit Card Account Number: _____				
Expiration Date: ____ / ____				
MM / YY				

Student Signature _____ **Date:** _____

Cardholder's Signature _____ **Date:** _____

Sincerely,
Tuition and Fees