



SAN DIEGO MIRAMAR COLLEGE
Debit or Credit Card Use Authorization

Written authorization from the cardholder must be provided when making a payment by Debit or Credit Card. Authorization can be hand delivered to the Accounting Office, in room K-205 or faxed to (619) 388-7234. This form must be filled out completely and contain the cardholder's signature. **We accept VISA and MasterCard only.**

The following information is required:

Student ID Number: _____

Student Name: _____

Contact Telephone Number: _____

CREDIT CARD AUTHORIZATION:

Name of credit card company, i.e., **VISA** or **MasterCard** (circle one)

Cardholder's Name as it appears on the card _____

Account Number as it appears on the card _____

Card Expiration Date _____

Amount to charge \$ _____

Signature of Cardholder Date

For Card-Not-Present Transactions

Cardholder's Driver's License or ID Number: _____ Exp. Date: _____

Government ID Number (for government credit cards) _____

Credit Card Billing Address (AVS) _____

CVV2 Validation Code (three digit security number on the back of card): _____

Call 619-388-7326 to validate card and process transaction

NOTE: This authorization is for use with this payment only, and no other use of your card will be made by San Diego Miramar College or the San Diego Community College District without written permission of the person(s) named in this authorization