



If you wish to make payments with your Credit Card, please complete the following information:

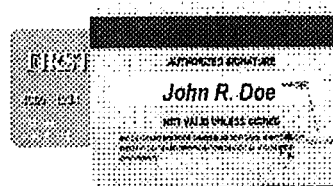
I \_\_\_\_\_, hereby authorize GUAM COMMUNITY COLLEGE to charge my: (Please Select One)



Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ CVV 2 Code \_\_\_\_\_ (last 3 digits on back of card)

One-time charge of \$ \_\_\_\_\_



For Student Account #B \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

**NOTE: PLEASE INCLUDE A COPY OF A VALID AUTHORIZED PICTURE ID.**