



# Credit Card Authorization

If you wish to make payment with a Credit Card, please complete the following information:

I \_\_\_\_\_, hereby authorize  
(Full Name)

**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 \$**\_\_\_\_\_.

NOTE: PLEASE INCLUDE A COPY OF A VALID AUTHORIZED PICTURED ID

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Student Account # B00 \_\_\_\_\_ Email \_\_\_\_\_

Contact Number \_\_\_\_\_

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