



SEATTLE CENTRAL COLLEGE

One of the Seattle Colleges

CREDIT CARD AUTHORIZATION FORM

Student/Organization
Name: _____

Type of Transaction: _____
(tuition)
(fee)
(other)

Student I.D. Number: _____

Type of Card: _____

Card Holder Name: _____

Card Number: _____

Security Code: _____

Expiration Date: _____

Billing Zip Code: _____

Amount Charged: _____

Signature: _____

Return to:

Karen Kato
Seattle Central College
1701 Broadway, Room BE 1102C-6
Seattle, WA 98122
Telephone: 206-934-6998
Email: karen.kato@seattlecolleges.edu

Processed by: _____ Date: _____