

CREDIT CARD AUTHORIZATION FORM

DATE:			
NAME:			
PAYMENT PURPOSE(S):			
AMOUNT DUE: \$	_		
MC VISA DISCOVER	AMEX	CHECK #	
Card #:			
Expiration Date:	Security Code:		
Name of cardholder (if different from student): _			
Signature:	Date:		
Forward Receipt To:			

University of Southern California
3650 McClintock Ave, Suite 500. Los Angeles, California 90089 • Tel: 213 740 6230 • Fax: 213 740 3565

