

**HONOLULU COMMUNITY COLLEGE
CREDIT CARD AUTHORIZATION FORM**

Student Name: _____ Banner ID: _____
(PRINT: Last Name, First Name, MI)

Telephone Number: (____) _____ Today's Date: _____

Credit Card Information: _____ Payment Amount: \$ _____
_____ VISA Card (\$5.00-7 working day processing
_____ Master Card \$15.00-24 hr RUSH processing)

(Credit Card Number) (Expiration date)

(Printed name on Credit Card)

(Billing address) (City, State, Zip)

(Cardholder Signature)

**PLEASE FAX COMPLETED FORM TO:
HONOLULU COMMUNITY COLLEGE - Records Office (808) 847-9872**

*** NOTE: Please ensure both the Transcript Request and Credit Card Payment Authorization forms are signed. It is REQUIRED that you call the Records Office at (808) 845-9120 to confirm receipt of FAX and to initiate processing.**