

**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.**