



# VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

## CREDIT CARD BILLING AUTHORIZATION FORM

### EMPLOYEE INFORMATION

\_\_\_\_\_  
EMPLOYEE NAME (PLEASE PRINT)

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
EMAIL ADDRESS (IF PROVIDED, CONFIRMATION RECEIPT WILL BE EMAILED)

\_\_\_\_\_  
PHONE NUMBER

### CREDIT CARD INFORMATION

NAME (AS IT APPEARS ON CREDIT CARD): \_\_\_\_\_

TYPE OF CREDIT CARD:  VISA  MASTERCARD

CREDIT CARD NUMBER: \_\_\_\_\_

3-DIGIT CREDIT CARD CODE (ON BACK OF CARD): \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

TOTAL AUTHORIZED AMOUNT TO BE CHARGED: \_\_\_\_\_

DATE OF AUTHORIZED CHARGE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MONTH/DAY/YEAR)

### AUTHORIZATION

I certify that I am the authorized holder and signer of the credit card reference above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_