



## CREDIT CARD AUTHORIZATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone#: \_\_\_\_\_

Visa/MC/Amex#: \_\_\_\_\_

CVV Code (3 digit code on back of card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name As It Appears On Card: \_\_\_\_\_

Amount Being Charged: \_\_\_\_\_

I AUTHORIZE SOUTHERN CALIFORNIA UNIVERSITY OF HEALTH SCIENCES TO CHARGE MY CREDIT CARD FOR THE AMOUNT ABOVE.

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Signature

Date

*You may fax the completed form to: (562) 902-3306*

*If you have any questions please contact OneStop Enrollment Services at:  
(562) 902-3303*