

University of Hawai'i - West O'ahu
CREDIT CARD AUTHORIZATION FORM
ALL FIELDS MUST BE COMPLETED

Date: _____

Student's Name: _____

Student's UH ID Number: _____

I authorize the UNIVERSITY OF HAWAI'I - WEST O'AHU to use **MY** credit card to pay for

(Purpose)

Credit card type (check one): VISA MasterCard

Total amount to be charged: _____

Credit Card No: _____ - _____ - _____ - _____

Expiration Date ____ / ____

Card Holder's Card Code: _____
(Card code can be found in back of the credit card in the signature box.)



3 digit credit card verification number

Card Holder's Name: _____
Last First M. I.

Card Holder's Billing Address: _____
Include City & Zip Code

Card Holder's Phone No. _____

I agree to pay for the above fee according to the card issuer agreement.
NOTE: If paying for an application fee, by signing below you understand and acknowledge that the application fee is valid only for the semester specified on the application and that the application fee is non-refundable and non-transferable.

Signature of Card Holder: _____

Mail or fax the completed form to:
University of Hawai'i - West O'ahu
Business Office
91-1001 Farrington Highway Kapolei, HI 96707
Phone: (808) 689-2890 Fax (808) 689-2891