

Fax

To: _____ **From:** Salt Lake Community College
Student Loans and Receivables

Fax: _____ **Phone:** _____

Ref: Credit Card Payment **Date:** _____

.....

Salt Lake Community College
Student Loans and Receivables Charge Card Payment

Date: _____

Card Holder Name: X _____
Street Address: X _____
City, State, Zip Code: X _____
Telephone Number: X _____
Card Type (circle one): **VISA 95006** **MASTERCARD 95506** **AMX96506** **DISCOVER CARD 96006**
Card Number: X _____
Expiration Date: X _____
Student Name: _____
Social Security Number: X _____
Amount Authorized: X _____
Card Holder Signature: X _____
