



## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Southwestern Community College District** to make a one-time debit to your credit card listed below to be applied to your SWC Retiree H&W Benefit Invoice.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I \_\_\_\_\_, a representative of \_\_\_\_\_ authorize  
(Payee's Full Name) (Organization Name)

**Southwestern Community College District** to charge my credit card account indicated below for \_\_\_\_\_ on or  
(Amount)

after \_\_\_\_\_ This payment is for \_\_\_\_\_  
(Date) (Description of goods/services)

Invoice # \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MasterCard, 4 digits on front of AMEX) _____

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

\*Please print, scan & email this form to: [SWCBenefits@swccd.edu](mailto:SWCBenefits@swccd.edu)

\*Please print & mail this form to the address above: **ATTENTION: Benefits Department Room 46C-103**