



CLAREMONT
LINCOLN
UNIVERSITY

Engage in Positive Social Change.™

Credit Card Payment Authorization

Office of Student Services

250 W. First Street, Suite 330 • Claremont, CA 91711 • Ph. (909) 667-4480/4481 • Fax (909) 399-3443

Student Name _____ Date _____

Phone Number _____ Email _____

Please bill my credit card in the amount of _____

Account Type Visa Mastercard AmEx Discover

Credit Card No. _____ CVV _____ Exp. Date _____

Name on Credit Card _____

Billing Address _____

City _____ State _____ Zip _____

Purpose of Payment _____

Signature _____ Date _____