



Accrediting Commission for Schools Western Association of Schools and Colleges

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ACS WASC CREDIT CARD PAYMENT AUTHORIZATION FORM

In order to pay by credit card please provide the following information. It is important that you include all of the requested information so that we can properly apply the payment to your school's account.

I authorize ACS WASC to charge \$ _____ (amount in U.S. dollars) to the following credit card account:

Credit Card Number: _____

Expiration Date (MM/YY): _____

Security Code (the three-digit number
on the back of the credit card*):

*Four digit number on the front of American
Express cards.

Invoice Number: _____

School Name: _____

Bill Description: _____

Credit Card Billing Address

Company Name: _____

Last Name: _____

First Name: _____

Address 1: _____

Address 2: _____

City: _____

State/Province: _____

Postal Code: _____

Country: _____

Phone: _____

Email address: _____

Signature: _____ Date: _____

Please contact Mr. Albert Chan, 650 548-4376 or achan@acswasc.org with any questions.

Thank you,
Accrediting Commission for Schools, WASC