



UNIVERSITY  
of HAWAII®  
MĀNOA

Department of Second Language Studies  
**HAWAII ENGLISH LANGUAGE PROGRAM**

### **AUTHORIZATION FOR CREDIT CARD BILLING**

I hereby authorize the Hawaii English Language Program (HELP) to settle my account for the following charges:

REASON FOR CHARGES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

AMOUNT TO BE CHARGED TO CARD USD\$: \_\_\_\_\_

### **CREDIT CARD INFORMATION**

TYPE OF CREDIT CARD: ☐ (VI) Visa  
☐ (MC) MasterCard

ACCOUNT NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_

CVV2/CVC2/CID NUMBER (3 or 4 digit number on back of card) : \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_

CARDHOLDER'S BILLING ADDRESS: \_\_\_\_\_

CITY, STATE, (COUNTRY), ZIP: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ BUSINESS PHONE NUMBER: \_\_\_\_\_

### **AUTHORIZATION (Please sign and mail or fax back to 808-956-5100)**

SIGNATURE OF CARDHOLDER: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_



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