



**A L A M O  
C O L L E G E S**

**Workforce Literacy Innovation:  
A Call to Action For Economic and Green Development”**

**CREDIT CARD PAYMENT FORM**

PAYMENTS MUST BE MADE IN FULL; OTHERWISE, YOUR ENROLLMENT MAY BE DELAYED AND/OR CANCELLED.  
(CUENTAS TIENEN QUE ESTAR PAGADAS AL CONTADO; O MATRÍCULACION SERA CANCELADA)

TYPE OF CARD: VISA/MASTERCARD/AMEX  
(TIPO DE CARTA)

ACCOUNT NUMBER:   
(NÚMERO DE CUENTA)

EXPIRATION DATE:     /    /     AMOUNT:   
(FECHA DE VENCIMIENTO) (CANTIDA)

PRINT CARDHOLDER’S NAME: \_\_\_\_\_  
(IMPRIMIR NOMBRE DEL DUEÑO DE LA TARJETA)

CARDHOLDER’S SIGNATURE: \_\_\_\_\_  
(FIRMA DEL DUEÑO)

STUDENT NAME: \_\_\_\_\_ STUDENT I.D. # \_\_\_\_\_  
(ESTUDIANTE) (If different than cardholder) (NUMERO DE IDENTIFICACIÓN)

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(PERSONA DE CONTACTO) (TELÉFONO)

PLEASE FAX THIS FORM TO: ACCD FINANCE OFFICE  
(ENVIE POR FAX A:) ATTN: Aurora Alfaro  
FAX (210) 485-0358  
PHONE (210) 485-0345

THE INFORMATION PROVIDED IS KEPT IN A SECURED ENVIRONMENT AND ACCD IS IN COMPLIANCE WITH FERPA (FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT) LAWS. ( LA INFORMACION QUE USTED PROPORCIONA ESTA MANTENIDA EN UN LUGAR SEGURO Y ACCD ESTA EN CUMPLIMIENTO DE LEYES DE FERPA )

Number of Registrants \_\_\_\_\_

Name of Registrants 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

**Account # 11003-97042-5639-R70**