



Credit Card Payment Form

for Enrollment Deposit

To make a credit card payment, please complete this form and return it with your completed enrollment agreement. If you have questions, please contact the accounting office (phone: 808-881-4012 or e-mail: ustevens@hpa.edu).

Name as it appears on the card: _____

BILLING ADDRESS FOR CARD:

Address line 1: _____

Address line 2: _____

City: _____ State: _____ ZIP Code: _____

Country: _____ Phone number (include area code): _____

Card number: - - -

Type of card: MasterCard VISA Expiration date (MM/YY): /

Student's name: _____

Please charge the following amount for the enrollment deposit: \$ _____

Signature: _____ Date: _____