Tompkins Cortland Community College
PO Box 139, Dryden, New York 13053

Credit Card Authorization Form

Please complete all the informaiton below. Please print clearly.

Student Name:_____

Student ID #: _____

Payment for Year/Term:_____

Authorized Amount to Charge: $_____

Cardholder Information

Please check one ❒ Mastercard ❒ VISA ❒ Discover

Card Number: _____ (16 digits)

Expiration Date: _____ CVC Code: _____
Month Year

Print Cardholder Name As It Appears on Card (required):

_____

Address of Cardholder (same as credit card statement billing address):

Street: _____

City, State and Zip: _____

Email (required): _____ (confirmation receipt will be emailed)

Cardholder Telephone Number (optional):_____

By signing below, I agree to pay the amount listed above

Student's Signature:_____Date:_____

Or Check One: ❒ Mail/Fax authorization ❒ Phone authorization

FOR OFFICE USE ONLY (Staff Initials) _____