



Credit Card Authorization

Enrollment Services Center • Tompkins Cortland Community College
P.O. Box 139 • Dryden, NY • 13053 • 607.844.6580 • FAX: 607.844.6541

Please complete the information below. Print clearly.

Student Information

Student's Name _____

Birth Date _____ Student's Social Security Number or Student ID Number (if known) _____

Cardholder Information

Please Check One Mastercard Discover Visa

Account Number _____

Expiration Date _____

Pay Balance in Full or Authorized Amount _____

Cardholder Name (print)

First _____ Middle Initial _____ Last _____

Address of Cardholder (where you receive your credit card statements)

Street Address or PO Box _____

City _____ State _____ Zip _____

Cardholder Telephone(s) _____

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

X _____

Cardholder Signature

Date