

Trinity Valley Community College

Authorization for Credit Card Payment

I, \_\_\_\_\_,  
authorize TVCC to charge my: (check one)

- \_\_\_\_\_ MasterCard
- \_\_\_\_\_ Visa
- \_\_\_\_\_ Discover

on the following card number

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_,

Exp. Date (\_\_\_\_\_/\_\_\_\_\_),

Security Code (CCVN #-found on back of card) \_\_\_\_\_

for the following amount \$\_\_\_\_\_

for Student's name: \_\_\_\_\_

Student's last 4 digits of Soc. Sec. #: \_\_\_\_\_

Name of class and year: \_\_\_\_\_

Print cardholder's name:

\_\_\_\_\_

Cardholder's signature:

\_\_\_\_\_

Date: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_

Date of birth of cardholder: \_\_\_\_\_

Cardholder's billing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_