
Trinity Valley Community College

Business Office Telephone: (903) 675-6269

Business Office Fax: (903) 675-6270

Authorization for One Time Debit/Credit Card Use

All information will remain confidential

Name on Card: _____

Billing Address: _____

Phone Number: _____

Credit Card Type: Visa MasterCard Discover AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ _____ (USD)

Student's Name: _____

Student's TVIN: _____

Semester/Year: _____

Purpose: Tuition/Fees Room/Board Over Due Other

I authorize **Trinity Valley Community College** to charge the amount listed above to the credit card provided herein. I agree to pay in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____ Date: _____

Print Name: _____

Return the completed and signed form to businessoffice@tvcc.edu

TVCC Business Office Use Only:

Date received ___/___/___ Receipt # _____ Cashier Initials _____