
Trinity Valley Community College – Continuing & Workforce Education
100 Cardinal Drive
Athens, TX 75751
Telephone: (903) 675-6212
Fax: (903) 675-6388
Email: conted@tvcc.edu

Authorization for One Time Debit/Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
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 SSN: _____ (last 4 digits)

Name of Class/YR: _____

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 the TVCC Continuing Education Office.