



Tri-County Community College Credit Card Payment Authorization Form

Instructions:

- 1) Complete this form
- 2) Sign, date and return to the TCCC Business Office with your registration form.
Fax Number (828) 837-0028 Attn: Business Office Staff

STUDENT INFORMATION

Name (exactly as it is printed on the card): _____

Credit Card Holder's Phone #: _____

Student's Name (if different from name on card): _____

Student's ID #: _____

CREDIT CARD INFORMATION

Type of Card: (circle one)

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card #: _____ CSV** _____

Expire Date: _____ Amount Authorized: \$ _____

*** The CSV is the 3-digit code found on the back of the Visa, MC, or Discover cards or the 4-digit code found on the front of the American Express card.*

By signing below, I acknowledge full responsibility for payments of the above mentioned amount in accordance with my credit card membership agreement. I acknowledge that I have read and accept the *terms and conditions of the [State Tuition Refund](#) policy.*

Signature: _____ Date: _____