Finger Lakes Community College Office of Student Accounts, 3325 Marvin Sands Drive, Canandaigua, NY 14424-8395 <i>Tel: 585-785-1405 ~ Fax: 585-785-1400</i>
CREDIT CARD PAYMENT AUTHORIZATION
Print Student's Name:
FLCC ID No.:
Total Amount: \$ Semester: Year: Fall/Spring/Summer/Winter
Please check one: Discover Card Master Card Visa
Credit Card No.: Expiration Date:
Enter the last <u>three</u> digits of your card that appears on the <u>back</u> of your Credit Card (<u>Required</u>):
Print Cardholder's Name:
Credit Cardholder's Address (where you receive your credit card statements):
Street Address <u>or</u> P. O. Box
City State Zip Code
Cardholder's Telephones:
Day Evening Evening
By signing below, I agree to pay the above-mentioned total amount. I acknowledge that I have read and understand the statements and policies as set in the FLCC Catalog and Course Listing Publications.
X
Cardholder Signature Date