Finger Lakes Community College

Office of the Bursar, 4355 Lakeshore Drive, Canandaigua, NY 14424-8395
Tel: 585-394-3500 ext. 7229 ~ Fax: 585-394-5005

CREDIT CARD PAYMENT AUTHORIZATION

Print Student's Name: _____ _____ _____
Last *First* *Middle*

FLCC ID No.: ☐☐☐☐☐☐☐ *OR* **Student's Soc. Sec. No:** ☐☐☐ ☐☐ ☐☐☐☐

Total Amount: $_____ **Semester:** _____ **Year:** _____
Fall / Spring / Summer / Jan Plan

Please check one: ☐ *Discover Card* ☐ *Master Card* ☐ *Visa*

Credit Card No.: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiration Date: ☐☐ ☐☐
Month *Year*

Enter the last three or four digits of your card that appears on the back of your Credit Card *(Required)* **:** ☐☐☐☐

Print Cardholder's Name: _____ _____ _____
Last *First* *Middle*

Credit Cardholder's Address *(where you receive your credit card statements)*:

_____
Street Address or P. O. Box

_____ _____ ☐☐☐☐☐
City *State* *Zip Code*

Cardholder's Telephones:

Day ☐☐☐ ☐☐☐ ☐☐☐☐ 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***

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