



**MASTERCARD/VISA PAYMENT
AUTHORIZATION FORM**

I AUTHORIZE THREE RIVERS COMMUNITY COLLEGE TO CHARGE MY: MASTERCARD _____ or VISA _____ ACCOUNT, FOR MY APPLICATION FEE.

Note: If you have attended or applied to another Community College in CT, you do not pay this fee.

FULL NAME (Please Print) _____

SEMESTER YOU ARE APPLYING FOR:

Fall _____ Spring _____ Summer _____
Year Year Year

AMOUNT: \$20.00

CARD #: _____

EXPIRATION DATE: _____

DAYTIME PHONE#: () _____

SIGNATURE: _____