



CREDIT CARD PAYMENT AUTHORIZATION FORM

I AUTHORIZE **THREE RIVERS COMMUNITY COLLEGE** TO CHARGE MY: DISCOVER _____ 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: _____

SECURITY CODE: (3 digit code on back of card): _____

BILLING ZIP CODE: _____

DAYTIME PHONE#: () _____

SIGNATURE: _____