

# Finger Lakes Community College

Office of Student Accounts , 3325 Marvin Sands Drive , Canandaigua, NY 14424- 8395  
Tel: 585- 785 -1405 ~ Fax: 585 -785 -1400

## 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/ Winter

Please check one:  Discover Card  Master Card  \_\_\_\_\_ digits of your card

that appears on the \_\_\_\_\_ back of your Credit Card (Required) :

Print Cardholder's Name: \_\_\_\_\_  
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