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 Visa	
Credit Card No.:	
Enter the last three 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):	;
Credit Cardholder's Address (where you <u>receive</u> your credit card statements): Street Address <u>or</u> P. O. Box	
City State Zip Code	
Cardholder's Telephones:	
Day Evening U	
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 Publication	15.
Cardholder Signature Date	