

CREDIT CARD AUTHORIZATION FORM

Student Name: _____ **ECSU ID#** _____

For Payment of: _____

Credit Card Number: _____ **Exp. Date:** _____

3-Digit Security Code (found on the back of your credit card): _____ **Zip Code:** _____

Card Holder Name: _____ **Amount:** _____

Daytime Phone: _____ **Evening Phone:** _____

Signature: _____

Visa **M/C** **Discover**

You may fax this form and the Registration form to (860) 465-0062
Office of Professional Development – School of Continuing Education at Eastern Connecticut State University