

**CREDIT CARD AUTHORIZATION FORM**

**Student Name:** \_\_\_\_\_ **ECSU ID#** \_\_\_\_\_

**For Payment of:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**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**