

**CREDIT CARD AUTHORIZATION:**

Card Holder's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Day Phone No.: \_\_\_\_\_ Evening Phone No.: \_\_\_\_\_

hereby authorizes Western Connecticut State University to charge university expenses for:

Student's Full Name: \_\_\_\_\_

*First*

*Middle Initial*

*Last*

Applicant's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Charge to:  Master Card  VISA  Discover

Expiration Date: \_\_\_\_ / \_\_\_\_

Number of Card \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

AMOUNT \_\_\_\_\_

For Office Use Only: Tuition & Fees: \_\_\_\_\_