

Illinois Eastern Community Colleges - International Program

Frontier Community College-FCC | Lincoln Trail College-LTC | Olney Central College-OCC | Wabash Valley College-WVC
2200 College Drive, Mt. Carmel, IL 62863
Phone: 618-262-8641 ext. 3168 email: robinsont@iecc.edu

Credit Card Payment Authorization Form

STUDENT INFORMATION

STUDENT NAME _____ Student ID: 910 _____ (if assigned)

STUDENT SIGNATURE _____ DATE _____

CREDIT CARDHOLDER INFORMATION

Complete and sign this form to authorize Illinois Eastern Community Colleges – IECC: FCC/LTC/OCC/WVC to make a one-time debit to your credit card listed below. Once completed, please send by email or mail to the address above.

By signing this form, you give us permission to debit your account for the amount indicated on or after the date provided. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize IECC/FCC/OCC/LTC/WVC to charge my credit card
(Full name of credit cardholder)

account indicated below for \$ _____ U.S. Dollars. This payment is for (please check one):

___ application/processing fees

___ student bill (tuition/fees)

Billing Address _____ Phone# _____

City, State, Country, Postal Code _____

Email _____

CARD TYPE:

VISA

MASTERCARD

CARDHOLDER NAME _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ CVV SECURITY # _____

CARDHOLDER SIGNATURE _____

DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.