

**CHARGE CARD AUTHORIZATION
VISA OR MASTERCARD**

TO: Lassen Community College
Admissions & Records
P.O. Box 3000, Susanville, CA 96130
(530) 251-8808 - PHONE
(530) 251-8802 FAX

Cardholder Information:

Name: _____

Street Address: _____
(Address used for credit card billing)

City: _____ State: _____ ZIP: _____

Phone (with area code): _____

Amount: \$ _____ For Semester: _____ Year: 20 _____

Apply to (dorms, enrollment, etc.): _____

Student Name: _____

Student Social Security Number: _____ **OR** Student ID: _____

By my signature, I authorize Lassen Community College to charge my account for the above fees:

*Cardholder Signature (required)

* Date (required)

The above information is necessary in order to successfully apply payment to the appropriate account. If this document is being faxed or mailed, the following information may be left blank and provided to an Admissions & Records Assistant over the phone. List phone number above where you may be contacted for this information. Payments may also be made at the Lassen Community College website www.lassencollege.edu via Web Advisor.

Please circle: VISA or MASTERCARD 16 Digit Card Number: _____

Last 3 digits after account number on back of card: _____ Expiration Date: _____

*This charge is pending bank approval. Incomplete information will delay transaction.
The Admissions & Records Office will not be held responsible for confidential information faxed or mailed.*
A&R/forms/10-20-2011