

Broward Community College
Cashier's Office

**CREDIT CARD AUTHORIZATION FORM
TELEPHONE/ FAX/ MAIL**

All fields must be completed.

Name of Card Holder: _____

Card Type: Visa MasterCard Discover American Express

Card Number: _____

NOTE: Card Identification Data must be recorded in the section below the dotted line on the bottom of the form or the transaction cannot be processed.

Expiration Date: _____

Billing Address: _____

Billing Zip Code: _____

Student or Company Name: _____
(Name payment receipt will be processed under)

Student's Social Security Number: _____
(or Tax Identification Number or Customer ID)

Authorized Charge Amount: \$ _____

The above information is authorization for course and/ or fee payment to Broward Community College.

Today's Date: _____

FAX or MAIL –

- Cardholder's Signature: _____

TELEPHONE –

- Caller's Name: _____
- Information Recorded By: _____
(BCC Employee)



The following information MUST be provided for non-present card transactions:

Card Identification Data:

Cardholder must provide the code that corresponds to the credit card type

- Visa CVV2 (3-digit code, located on back of card in signature panel) _____
- MasterCard CVC2 (3-digit code, located on back of card in signature panel) _____
- Am Express CID (4-digit code, located on front of card) _____
- Discover CID (3-digit code, located on back of card in signature panel) _____

Cashier: upon completion of transaction, tear form on dotted line and shred Card Identification Data. Retain remainder of form with the credit card sales slip.