Cashier's Office

CREDIT CARD AUTHORIZATION FORM
TELEPHONE/ FAX/ MAIL
All fields must be completed.

Name of Card Holder: _____

Card Type: _____

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: _____

Daytime Telephone Number: _____

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

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

Authorized Charge Amount: $_____

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

Today's Date: _____

FAX or MAIL –
- **Cardholder's Signature:** _____

TELEPHONE –
- **Caller's Name:** _____

- **Information Recorded By:** _____
(BC 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.