

Card authorization form

I, _____, give permission to Technical College of the Rockies to charge my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized

Cardholder email

Product/service

All fields required

Card information

Card type

- MasterCard
- Discover
- VISA
- AMEX
- Other:

Cardholder (Name on card)

Card number

Expiration date
(MM/YYYY)

CVV Code
(3 digit on back of card)

ZIP code
(From credit card billingaddress)

Recurring payments information

Charge will appear every month on the 15th.

Payment amount:

Email receipts

Mail receipts to:

Product/service sold

To cancel, contact the Business Office at accounts@tcr.edu or (970)874-7671, x231

Customer Signature

Date