

CREDIT CARD AUTHORIZATION

Clip and mail with Registration Form or bring with you for "In-Person" Registration to Western Connecticut State University
(Print full name as it appears on credit card)

First Name: _____ Last Name: _____

Day Phone# _____ Evening Phone# _____

hereby authorizes Western Connecticut State University to charge University expenses for:

Student's Name: _____

First

Middle Initial

Last

Student's Social Security Number: _____ - _____ - _____

Charge to my credit card account: MasterCard VISA Discover

Number of Card _____ Date: ___ / ___
mo. yr.

Authorized Signature: _____ Date: _____

For Office Use Only: Tuition & Fees: _____ Grad Crdts: _____ UGrad Crdts: _____