



Greenfield Community College

Credit Card Payment Form

Student ID # or SSN: _____

Date: ____ / ____ / ____

Student Name: _____

Amount: \$ _____

Name on Card: _____

V-Code: (3 digit) _____

Card: _____ / _____ / _____ Expires: ____ / ____

The issuer of the card identified on this item is authorized to pay the amount as shown upon proper presentation. I promise to pay such amount, together with any other charges due thereon, subject to and in accordance with the agreement governing use of such card.

Cardholder is not present. Zip code (for phone/mail payments): _____
(where the cardholder receives the monthly credit card bill)

Signature (if cardholder is present): _____