

**CHARGE CARD AUTHORIZATION  
VISA OR MASTERCARD**

TO: Lassen Community College  
Admissions & Records  
P.O. Box 3000, Susanville, CA 96130  
(530) 251-8808 - PHONE  
(530) 251-8802 FAX

Cardholder Information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ For Semester: Spring Fall Summer Year: 20\_\_\_\_

Apply To: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Social Security Number: \_\_\_\_\_ **OR** Student ID: \_\_\_\_\_

By my signature, I authorize Lassen Community College to charge my account for the above fees:

\_\_\_\_\_  
\*Cardholder Signature (required)

\_\_\_\_\_  
\* Date (required)

The above information is necessary in order to successfully apply payment to the appropriate account. If this document is being faxed or mailed, the following information may be left blank and provided to an Admissions & Records Assistant over the phone. List phone number above where you may be contacted for this information. Payments may also be made at the Lassen Community College website <https://dtwebadvisor.lassen.cc.ca.us/WebAdvisor/WebAdvisor?&TYPE=M&PID=CORE-WBMAIN&TOKENIDX=607357922>

Please circle: VISA or MASTERCARD # \_\_\_\_\_

Last 3 digits after account number on back of card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**This charge is pending bank approval. Incomplete information will delay transaction. The Admissions & Records Office will not be held responsible for confidential information faxed or mailed.**