

**CHARGE CARD AUTHORIZATION
VISA OR MASTERCARD**

TO: Lassen Community College
Attn: Residence Hall
P.O. Box 3000, Susanville, CA 96130
Phone: (530) 251-8879
Email: lccdorms@lassencollege.edu

Cardholder Information:

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone (with area code): _____

Amount: \$ _____ For Semester: _____ Year: 20 _____

Apply to (application fee, dorms, enrollment, etc.):

Student Name: _____

Student ID: _____ **OR** Social Security Number: _____

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. List phone number above where you may be contacted if there are any problems processing your payment.

Please select: VISA or MASTERCARD

16 Digit Card Number: _____

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

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