

**NOCHE**  gala Date: \_\_\_\_\_

*Credit Card Authorization*

**PLEASE COMPLETE THIS FORM AND RETURN TO:**

Texas State Technical College • Attn: Office of the President  
1902 N. Loop 499 • Harlingen, TX 78550-3697  
956.364.4021 (office) • 956.364.5100 (fax)

Name/Company: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET ADDRESS/P.O. BOX

City/State/Zip Code: \_\_\_\_\_

Phone Number(s): Daytime: \_\_\_\_\_

Phone Number(s): Evening: \_\_\_\_\_

Payment Description: \_\_\_\_\_

*(Example: payment of tuition and fees, scholarship donation, etc....)*

Amount: \$ \_\_\_\_\_

Credit Card Type:  VISA  MasterCard  Discover  American Express

Credit Card Number: \_\_\_\_\_

Credit Card Holder's Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ (MM/YY) 3-Digit Security Code: \_\_\_\_\_

*I hereby give permission to TSTC to charge my credit card account for the payment of tuition and fees, scholarship donations, or other. If other, please specify: \_\_\_\_\_*

PRINTED NAME

SIGNATURE

DATE

FOR TSTC OFFICE USE:

CASHIER

RECEIPT #

DATE

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