Cornell University
Cooperative Extension
Genesee County

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CREDIT CARD AUTHORIZATION FORM

We cannot accept payment by credit card unless all of the information has been provided. Thank you for your cooperation.

PAYMENT INFORMATION

Amount to be Charged	**Credit Card Type** ☐ **Visa** ☐ **MasterCard** ☐ **Discover** ☐ **American Express**
Credit Card Number	**Expiration Date**
Cardholder Name *(as it appears on the card)* *(First)* *(Middle)* *(Last)*	
Cardholder Address *(as it appears on the billing statement)* (Street/PO Box) (Town) (State) (Zip)	
Cardholder Phone Number *(with area code)*	**E-Mail Address** *(for transaction confirmation)*
Cardholder Signature	**Date**

REGISTRATION INFORMATION

Please indicate what you are paying for with this transaction *(class name, event title, etc.)*
Please provide the names and contact information of any individuals that will also be attending the class/event with you.

Please return to:

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