



CREDIT CARD PAYMENT FORM FOR ELI CHARGES

Do not send any credit card information through email. This form should be completed and faxed to our secure fax line.

To pay by credit card, please complete, sign, and fax this form to our secure fax line (011) 815-394-5174. Once you have faxed this information, please email cvaliquette@rockford.edu to confirm that the fax has been received.

Student's full name as it appears on the application.

(First Name) _____ (Middle Name) _____

(Last Name) _____

Student's Power Campus number: ____ - ____ - ____ - ____

You will receive this number, which is the student's ID, upon acceptance to the program.

Name and of card holder exactly as it appears on card and contact phone number for card holder

_____ Phone # _____

Type of card (Visa, Master Card, etc.) We do not accept American Express.

Card number:

3 digit security code (on the back of the card): _____

Expiration date (MM-YYYY): _____

This document grants permission to Rockford College to charge my credit card for the amount of

Dollar Amount in numbers _____ (Example: \$100.00)

Written amount _____ (Example: One hundred dollars and no cents)

Purpose of charge: _____

Signature of card holder

Date