



DIVISION OF CONTINUING EDUCATION  
**CREDIT CARD AUTHORIZATION**

I, \_\_\_\_\_ do hereby agree for  
Wilson Community College to charge my Debit/Credit Card in the amount of \$\_\_\_\_\_.

STUDENT INFORMATION		
First Name:	Initial:	Last Name:
Student ID Number or SSN:		

DEBIT/CREDIT CARD INFORMATION		
Name on Card:	Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	
Card Number:	Expiration Date:	Amount: \$
Daytime Phone Number:	3-Digit CCVN Security Code:	
Receipt Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	<small>To provide the CCVN (Credit Card Verification Number) 3-digit security number, look on the back of your card and use the last 3 digits of the number printed inside the box where you signed your name.</small>	
Mail Receipt to - Name:		
Address:		
City:	State:	Zip:
Card Holder's Signature:		Date:
Fax this information to: Wilson Community College, Attn: Continuing Education Fax Number: (252) 243-7148	Any questions, please call: Kay Medlin - (252) 246-1317 or Lois McNeal - (252) 246-1287	