

WILSON COMMUNITY

COLLEGE

P.O. Box 4305 • 902 Herring Avenue • Wilson, North Carolina 27893

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: _____ Student ID # (or SS #): _____

Initial: _____

Last Name: _____

Debit/Credit Card Information

Name on Card: _____

Type of Credit Card: Visa Mastercard Discover Amount: \$ _____

Card Number: _____

Expiration Date: _____ 3-Digit CCVN Security Code: _____

Telephone Number: _____
(Daytime number where you can be reached.)

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.

Receipt Requested: Yes No

Mail Receipt to Name on Card.

Name: _____

Address: _____

City, State Zip: _____

Cardholder'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
Cynthia Green – (252) 246-1287