

# 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