

## Credit/Debit Card Authorization Form

Please complete all fields. You may cancel this authorization by contacting us prior to the processing of the transaction. This authorization will remain in effect until funds are received. After receipt of payment, GSTC will destroy this form. Your credit/debit card information WILL NOT be kept on file.

| Credit/Debit Card Information  |
|--|
| Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX<br><input type="checkbox"/> Other _____ |
| Cardholder Name (as shown on card): _____  |
| Billing Address: _____   |
| City, ST Zip Code: _____   |
| Phone Number: _____  |
| Card Number: _____   |
| Expiration Date (mm/yy): _____ Card Identification Number: _____   |
| Amount to Charge: _____(USD)   |

I, \_\_\_\_\_, authorize George Stone Technical College to charge my credit/debit card above for agreed upon amount below. This authorization is for this transaction only.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

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Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

|                            |                            |
|----------------------------|----------------------------|
| GED Registration - \$30.00 | Registration Fee - \$20.00 |
| TABE Testing - \$15.00     | Tuition Payment - \$_____  |
|                            | Other: _____               |