

CREDIT CARD AUTHORIZATION FORM



5500 MYRON MASSEY BLVD, FAIRFIELD, AL 35064
REGISTRARS OFFICE: (Phone) 205.929.1424; (Fax) 205.929.1421
BUSINESS OFFICE: (Phone) 205.929.1431; (Fax) 205.929.2598

Name: _____ Student Number: _____ Date: _____

Address: _____
Street City State Zip

Email: _____ Phone: _____

Payment Information

Name of Bank: _____

MasterCard/Visa/Discover Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____ (on back of card)

Billing Name: _____

Billing Address _____
Street City State Zip

Official Signature: _____

Total Amount: _____ Purpose of Authorization Form: _____

Official Use Only

Date Received: _____ Confirmation Number: _____