



CREDIT CARD PAYMENT AUTHORIZATION

I wish to submit a payment in the amount of \$ _____ to Alexander College.

Student Name: _____

Student ID # (if known) _____

Method of payment: **Credit Card**

Card Type: Visa MasterCard American Express

Cardholder Name: _____

Credit Card #:

Expiry Date: /

CARDHOLDER SIGNATURE: _____

DATE _____