Alexander College

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** _____