

# Midland College Continuing Education Credit Card Authorization

I authorize the following credit card to be charged to pay for tuition and fees. (Pending Approval)

Student Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_  
Address City State Zip

Cardholder email Address: \_\_\_\_\_

Phone number to contact for processing problems: \_\_\_\_\_

Type of Card:  Visa  Master Card  Discover  American Express

Card Number: \_\_\_\_\_ CID \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_ Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Order # \_\_\_\_\_ Course # \_\_\_\_\_ Course Name \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Order # \_\_\_\_\_ Course # \_\_\_\_\_ Course Name \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Scan or email this form to: [dcampbell@midland.edu](mailto:dcampbell@midland.edu)

