

Midland College Continuing Education  
Credit Card Authorization

Midland College Cashier's Office,

- I authorize the following credit card to be charged to pay for tuition and fees as described below:

Student Name: \_\_\_\_\_ Student ID (SSN): \_\_\_\_\_

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

Type of Card    VISA    MasterCard    Discover    American Express

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

Billing Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Expir. Date:    /    3 digit code: \_\_\_\_\_  
American Express 4 digit code: \_\_\_\_\_

Authorized Amount \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Course # \_\_\_\_\_ Name: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Course # \_\_\_\_\_ Name: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Course # \_\_\_\_\_ Name: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Email: [lindsey@midland.edu](mailto:lindsey@midland.edu) or [mrodriguez@midland.edu](mailto:mrodriguez@midland.edu)

Midland College will mail receipt in return.

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