



# Warren

County Community College

475 Route 57 West, Washington, NJ 07882 • (908) 835-2328 • www.warren.edu

## *Credit Card Authorization Form*

*(for Continuing Education courses)*

Student's name: \_\_\_\_\_ Student's ID#: \_\_\_\_\_  
Please print clearly

Card Holder's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Please print clearly

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
(Visa/MasterCard/Discover)

Credit Card Verification (CCV) #: \_\_\_\_\_ Authorized Amount to charge: \$ \_\_\_\_\_



(Back of credit card)

I authorize Warren County Community College to charge my credit card for the above amount.

I understand that my registration is not finalized until my payment is received.

\_\_\_\_\_  
Card Holder's Signature

\_\_\_\_\_  
Date

*Complete the above form and return to the Finance Office:*

*Warren County Community College  
Continuing Education Department  
475 Route 57 West  
Washington, NJ 07882  
Fax: 908-689-9262*