



Career, Technical, Adult & Community Education

WORKFORCE EDUCATION

Credit Card Authorization

Students, in order to finalize your registration, please complete the information below (*print clearly*) and email the form and your photo ID to the person indicated below or upload the form and your photo ID in your Focus Student Portal. If you prefer not to share your credit card information via email, a registrar will contact you to take it by phone.

School Name: _____

Student Name: _____ Student ID#: _____

Course: _____ Section#: _____

Student Phone Number: (____) _____ - _____

Student Email Address: _____

Cardholder Information

Cardholder Name: _____

Phone Number: (____) _____ - _____

Visa/MasterCard: XXXX-XXXX-XXXX-_____ Last 4 Digits Only. *Please provide the complete card number below.*

CVV#: _____ (Last 3 digits on the back of the credit card)

Expiration Date: _____ Billing Zip Code _____ Authorized Amount: \$ _____

I authorize the technical college to charge the amount listed above to the credit card provided herein.

Cardholder Signature: _____ Date: _____

To process this payment also provide a clear copy of the cardholder's valid ID.

Forms can be emailed to _____ Or uploaded via the Student Portal in Focus.

To be destroyed after payment is processed

Credit Card Number: _____ - _____ - _____



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