



I, \_\_\_\_\_ AUTHORIZE GEORGIA PIEDMONT TECHNICAL  
COLLEGE TO CHARGE MY DEBIT/CREDIT CARD IN THE AMOUNT OF \$ \_\_\_\_\_

NAME ON DEBIT/CREDIT CARD: \_\_\_\_\_

BILLING ADDRESS OF CARDHOLDER: \_\_\_\_\_  
\_\_\_\_\_

TYPE OF DEBIT/CREDIT CARD  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS

DEBIT/CREDIT CARD NUMBER: \_\_\_\_\_

SECURITY CODE:  3-digit code located on the back of the card on the signature strip

EXPIRATION DATE: \_\_\_\_\_ (MM/YY)

CARDHOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DAYTIME TELEPHONE NUMBER: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT ID NUMBER:

UPON COMPLETION OF THIS FORM PLEASE EMAIL IT TO [accountreview@gptc.edu](mailto:accountreview@gptc.edu), or fax it to (404) 298-5235. AUTHORIZATIONS RECEIVED AFTER 3:00 PM MAY BE PROCESSED THE NEXT BUSINESS DAY. Contact us (404) 297-9255, ext. 1249.

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