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, or fax it to (404) 294-6290. AUTHORIZATIONS RECEIVED AFTER 3:00 PM MAY BE PROCESSED THE NEXT BUSINESS DAY. Contact us (404) 297-9255, ext. 1249