

Credit/Debit Card Authorization Form

Please complete all fields. In addition to the amount of the transaction, you will be charged 3% of the gross amount for a transaction fee required by our bank. It may take up to 5 business days to process this transaction. You may cancel this authorization by contacting us prior to the processing of the transaction. GSTC will not be held responsible for any charges you may incur from your financial institution. This authorization will remain in effect until funds are received. After receipt of payment, GSTC will destroy this form. Your credit/debit card information WILL NOT be kept on file. Return the completed form to mgomes@ecsdfl.us or fax it to 850.941.6215.

Credit/Debit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Billing Address: _____
City, ST Zip Code: _____
Phone Number: _____
Card Number: _____
Expiration Date (mm/yy): _____ Card Identification Number: _____
Amount to Charge: _____(USD)

I, _____, authorize George Stone Technical College to charge my credit/debit card above for agreed upon amount below. This authorization is for this transaction only.

Customer Signature

Date

Print Name

Student's Name: _____ Student ID #: _____

GED Registration - \$30.00	Registration Fee - \$20.00
TABE Testing - \$15.00	Tuition Payment - \$ _____
	Other: _____