

# Credit Card Authorization Form

Please complete, sign and return this form.



Credit Card Number

Expiration Date   Security Code   
month year

Amount in U.S. Dollars  .

Student's Name \_\_\_\_\_

Name on Card \_\_\_\_\_

"I authorize Brandon College to debit the above amount to my credit card."

Cardholder Signature \_\_\_\_\_

Date \_\_\_\_\_

Please fax or email the completed form to Brandon College. We will confirm your payment and immediately email a receipt.

Fax 1-415-391-3918  
 Email [admissions@brandoncollege.com](mailto:admissions@brandoncollege.com)

Brandon College accepts the following credit cards:

