



CREDIT CARD AUTHORIZATION FORM

We accept Visa or MasterCard. Please complete and return this form to Student Accounts in the Business Office.

Student Name: _____ **ID#** _____

- VISA**
- MASTER CARD**

Account Number: _ _ _ - _ _ _ - _ _ _ - _ _ _

Expiration Date: _____
MM/YY

Amount: \$ _____

Payment for: _____

Cardholder Name: _____

CCV2 Number (the last 3 digits listed in the signature box located on the back of your credit card): _____

SIGNATURE

DATE

Daytime Telephone Number

Please remit to: Peace College Student Accounts Office
15 East Peace Street
Raleigh, NC 27604

Phone: 919-508-2318
Fax: 919-508-2767