



MODESTO JUNIOR COLLEGE CREDIT CARD AUTHORIZATION FORM

Date _____

Student Name _____

ID#, Account Holder #, and/or SSN _____

Phone # () _____

I, _____ authorize Modesto Junior College Business Services Office to charge my credit card in the amount of \$_____ for _____. (I.E. transcripts, verification, class fees, outstanding obligation)

Name on Credit Card (print) _____

Credit Card Number _____

Type of Card (please check one) **Visa** **MasterCard** **Discover**

Expiration Date MM/YY ___ ___ / ___ ___ Amount \$_____

3 Digit Security Code (found on the back of your credit card) ___ ___ ___

Credit Card Authorizing Signature _____

Credit Card Billing Address:

Street _____

City _____

State and Zip Code _____

**Regional Fire Training Center • (209) 548-5706 • (209) 548-5711 FAX
MJC REGIONAL FIRE TRAINING CENTER
1220 FIRE SCIENCE LANE. • MODESTO, CA 95351**