



Warren

County Community College

475 Route 57 West, Washington, NJ 07882 • (908) 835-9222 • www.warren.edu

Credit Card Authorization Form

Student's name: _____ Student's ID#: _____
Please print clearly

Card Holder's Name: _____ Phone#: _____
Please print clearly

Credit Card #: _____ Exp. Date: _____
(Visa/MasterCard/Discover)

Authorized Amount to charge: \$ _____

I authorize Warren County Community College to charge my credit card for the above amount
for the _____ semester (& year).

Card Holder's Signature

Date

Complete the above form and return to the Finance Office:

*Warren County Community College
475 Route 57 West
Washington, NJ 07882
OR fax at: (908) 689-9262*