



BENEDICT COLLEGE CREDIT CARD AUTHORIZATION FORM

Date _____

Amount \$ _____

*Required

**[] I authorize Benedict College to charge my Credit/Debit card listed below
(One-Time Payment Only)**

Purpose:	
<input type="radio"/> Transcript	
<input type="radio"/> Degree	
Please charge payment to the following account:	
Required – Do not leave Blank	
<input type="radio"/> Visa <input type="radio"/> MasterCard	
Card #	
Expiration Date	Zip Code
(Include Month/Year)	

Requestor/Student Name	Name on Card
Student SSN	Signature Required
Street	Home Telephone (Area Code)
City, State, Zip	Day Telephone number (Area Code)
Email address (Required)	

Note: Please complete this form and return to the Registrar's Office: 1600 Harden Street Columbia SC 29204
Fax# (803) 705-7057 Main # (803) 705-4787

Credit Card Errors/Declined

1. *Must exactly **Match** the billing address in your credit card account.*
2. *Must have a future expiration date.*
3. *Exceeded credit limit.*
4. *Information entered does not match records.*
5. *Your card has expired.*
6. *Another user deactivated your card.*
7. *International transaction (contact your credit card provider)*

*For more help about card errors/declined, contact your credit card provider.