Davidson-Davie
COMMUNITY COLLEGE

PAYMENT FORM

for

Continuing Education Course Registration

Directions: Please complete this form and send with your completed Registration Form if you are registering by MAIL or FAX.

Davidson-Davie Community College

P.O. Box 1287 Lexington, NC 27293-1287

OFC # (336) 249.8186; FAX # (336) 249.0379

Student's Name _____I.D./D.O.B_____

Course CID #_____

Payment Amount $_____

Registration, fees, and insurance only. Books are purchased separately in the College Bookstore, if required.

Method of Payment: ☐ Check ☐ Money Order ☐ Visa ☐ Master Card ☐ Discover

Name on Card _____

Card Number: | | | | | - | | | | | - | | | | | - | | | | |

Expiration Date _____ / _____
Month *Year*

Code on Back of Card _____
Last *3 digits on card signature line*

Signature of Cardholder _____

Billing Address of Cardholder _____
PO Box or Street Address *Apt Number*

_____
City *State* *ZIP*

Cardholder Phone Number _____

Today's Date _____