



EXTENSION
Center for Continuing Education

Center for Continuing Education
Account Payment Authorization Form

Please complete the form below and fax to:
662-325-2702 or email to cce@ext.msstate.edu

Attn: Business Office

Personal Information:

Name of Registrant: _____
First M.I. Last

Address: _____ City _____ State _____ Zip _____

Email: _____ Phone: _____

Course Title: _____ Fee: _____

Class Date(s): _____

Payment Information:

MSU Nine Digit ID number: _____ MSU Net ID: _____

Banner Account # (for departments ONLY) _____

Authorization:

I authorize the MSU Center for Continuing Education to charge \$ _____ to the above account.

Signature

Date