

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:

Date: _____

Name of Registrant: _____ Phone: _____
 First M.I. Last

MSU ID# _____

Name of Payee: _____ Phone: _____

Name of Course: _____ Payment Amount: _____

Payment Information:

MSU Departmental Account _____ MSU Employee/Student Account _____

Account #: _____

Authorization Signature:

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

Signature

Date