

# Payment Form for Emergency Services College Course Registration



**Davidson-Davie**  
COMMUNITY COLLEGE

Please complete this form and send with your completed registration form to:  
**DDCC Registration Office PO Box 1287  
Lexington, NC 27293-1287**

If paying by credit card or billing to your agency, you may fax the forms to  
**336.249.0379.**

**NOTE:** Enrollment in some courses limited to persons 18 years of age or older.

**Student Name** \_\_\_\_\_ **Course CID #** \_\_\_\_\_

**Method of Payment**  Check  Money Order  Visa  Master Card  Discover

## COMPLETE TO Bill to Your Agency

**Agency Name** \_\_\_\_\_

**Agency Address** \_\_\_\_\_  
*PO Box or street address* *City* *State* *ZIP code*

**Agency Phone #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Name of Official Authorizing Payment** \_\_\_\_\_  
*Print name*

**Official's Signature** \_\_\_\_\_

## COMPLETE TO MAKE A Credit Card Payment

**Credit/Debit Card #** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **CVV #** \_\_\_\_\_  
*3-digit number on back of card*

**Name on Card** \_\_\_\_\_

**Signature of Card Holder** \_\_\_\_\_

**Billing Address of Card Holder** \_\_\_\_\_  
*PO Box or street address* *Apartment Number*

\_\_\_\_\_  
*City* *State* *ZIP code*

**Card Holder Phone #** \_\_\_\_\_