Dual Credit
Payment Form

If paying with check, money order or cash, attach a copy of this form to your payment.

Name of Student: _____

Date of Birth: _____   **Social Security #:** _____

Amount of Payment: _____   **Date:** _____

Type of Payment: (check one)   _____ check   _____money order   _____cash

If paying by check, name of person on check: _____