



STATE UNIVERSITY OF NEW YORK

Bursar

Division of Finance and Administration
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**Credit Card Authorization Form
RCC Summer Camp**

Child's Name _____

Cardholder Phone # _____

Please charge the credit card number as indicated.

- VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number _____

Expiration Date _____

Amount \$ _____

Cardholder Information *(please print):*

Name _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Cardholder Signature _____ Date _____

Please Note: Refunds issued on this payment will be credited to the same credit card number as above.