

Office of the Bursar

Division of Finance and Administration
145 College Road Suffern New York 10901-3699
Phone (845) 574 4254 Fax (845) 574 4737

Credit Card Authorization Form

Student ID: _____

Name: _____

Phone: _____

Semester 20____

FA

WI

SP

S1

S2

S3



CC No: _____-_____-_____-_____

Expiration Date ____/____

Amount: \$_____.____

Please charge the credit card number above as indicated.

Cardholder Information: (Print)

Name _____

Address _____ Apt. _____

City _____ State _____ Zip _____

Signature _____ Date: _____

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