Student Accounts
10 Upper College Drive, Alfred, NY 14802
Fax: (607) 587-3275 Phone: (607) 587-4378

CREDIT CARD AUTHORIZATION

I authorize Alfred State College / Student Accounts Office to charge:

$ _____ for _____
[Purpose: semester bill, hold(s), etc.]

Circle Card Type: VISA MASTERCARD DISCOVER

- **If you are using a debit card as a charge, please make sure that you do not have a daily limit restriction that could affect charging this amount.**

Credit Card No: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

Expiration Date of Credit Card: _____

CVV2 Code: ____ ____ ____ (This is the 3 digit code that is on the back of your credit card)

Students who separate from the college are liable for all charges incurred according to the liability policy listed in the student handbook and college catalog.

I understand that by signing below, I am accepting the charges and they are non-refundable.

_____
(Cardholder's Signature Required)

Cardholder's Name: _____
Street: _____
_____
Town: _____ ZIP: _____

Phone number to call with any questions: (_____)_____

Student Name: _____ ID No: _____