



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

CREDIT CARD AUTHORIZATION

I authorize Alfred State College/Student Financial Services Office to charge:

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

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

(Cardholder's Signature Required)

(Date)

Cardholder's Name: \_\_\_\_\_
Street: \_\_\_\_\_
Town: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number to call with any questions: (\_\_\_\_) \_\_\_\_\_

Student Name: \_\_\_\_\_ ID No: \_\_\_\_\_

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.

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.

Circle Card Type: VISA MASTERCARD DISCOVER

Credit Card No: \_\_\_\_\_

CVV2 Code: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

(3 digit code on the back of your credit card)