

Student Records and Financial Services
10 Upper College Drive, Alfred, NY 14802
Fax: (607) 587-3275 Phone: (607) 587-4253

CREDIT CARD AUTHORIZATION FORM

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

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

Cardholder's signature required

Date

Cardholder's Name: _____

Address: _____

City: _____

Zip Code: _____

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

Student Name: _____ Student ID: _____

Students who separate from the college are liable for all charges incurred according to the [liability policy](#) listed in the college catalog and Web site. Please refer to the college catalog or Web site for non-refundable charges.

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

____/____/____
Exp. Date

Rev. 5/11