



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

Authorization for Monthly Payment Plan Credit Card Deduction

I authorize Alfred State College/Student Financial Services Office to charge: \$ \_\_\_\_\_ in \_\_\_\_\_ installments for the Monthly Payment Plan, plus a one-time registration fee of \$25.00 to the credit card described below.

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