

# Alfred State

SUNY College of Technology

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

## Authorization for Monthly Payment Plan Credit Card Deduction

I authorize Alfred State's Student Records and Financial Services Office to charge \$ \_\_\_\_\_  
(Total to be charged)  
which includes a down payment, \$25 application fee and \_\_\_\_\_ installments of the Monthly  
Payment Plan.

\_\_\_\_\_  
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 website. Please refer to college catalog or website for nonrefundable 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. 11/12