



ALFRED STATE COLLEGE

Student Records & Financial Services • 10 Upper College Drive • Alfred, NY 14802
Email: sfs@alfredstate.edu • Fax: 607-587-4298 • 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: _____
(please print)

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 Exp. Date
of your credit card)

The student must fill in this form completely and return to the Alfred State Student Records and Financial Services Office. The completed form may be faxed to: (607) 587-3287 or mailed to: Alfred State Student Records and Financial Services Office

Disclaimer: Email is a very unsecure way to send sensitive information. Alfred State College does not recommend sending your credit card information by email.