



**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 \_\_\_\_\_ 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)

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