



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

CREDIT CARD AUTHORIZATION

I authorize Alfred State College / Student Accounts Office to charge:

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

Circle Card Type: VISA MASTERCARD DISCOVER

- **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.**

Credit Card No: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiration Date of Credit Card: _____

CVV2 Code: _____ (This is the 3 digit code that is on the back of your credit card)

I understand that by signing below, I am authorizing Alfred State College to charge my credit card for the dollar amount identified above.

(Cardholder's Signature Required)

Cardholder's Name: _____

Street: _____

Town: _____ ZIP: _____

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

Student Name: _____ ID No: _____