

# credit card authorization

PURCHASE COLLEGE, STATE UNIVERSITY OF NEW YORK

## Check one

- ☐ Registration payment\*  
☐ Transcript fee

\* For registration in: ☐ Fall ☐ Spring ☐ Summer Year: \_\_\_\_\_

Complete this authorization and include with your registration form *or* transcript request form if paying by credit card. *One form is required for each student and each request.* This form may be duplicated for additional registration payments or transcript fee payments. Please print all information.

## Student information

last name first middle

street address

city state zip code

campus identification number *or* social security number

## Cardholder information (if different than student)

last name first middle

street address

city state zip code

## Credit card information

credit card number

expiration date

\$

total charge authorized\*

*\*If you miscalculate your charge, the College will adjust the amount accordingly.*

cardholder signature

date

phone (day): area code + number

phone (eve): area code + number

- ☐ Visa  
☐ MasterCard  
☐ American Express  
☐ Discover