credit card authorization

PURCHASE COLLEGE, STATE UNIVERSITY OF NEW YORK

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.

Check one

❍ Registration payment*
❍ Transcript fee
* **For registration in:** ❍ Fall ❍ Spring ❍ Summer **Year:** _____

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

❍ Visa
❍ MasterCard
❍ American Express
❍ Discover

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