Summer Youth and Precollege Programs Credit Card Authorization

				· ·	and include with your
Student's Last Name		First Name	M.I.	registration form if paying by credit card. One form is required for each student. This form may be duplicated for	
Program Name(s)				additional registration payments. Please print all information.	
CRE	EDIT CARD INFORMATION	N		<u> </u>	
0	Visa				
0	MasterCard				
0	American Express				
0	Discover				
Credit Card Number		Exp. Date	CVV (security code)	Total Charge Aut	:horized*
Card	lholder Signature			Date	
	e on the Card:	RMATION	у	*Please include the registrati our charge, the College will adjus	
Last	Name	First Name		M.I.	
Street Address		Apt. No.		Email Address	
City		State		Zip Code	
Phone Numbers (day)		(eve)		(cell)	
	FOR OFFICE USE ONLY: Student ID:		Form to: MAIL: Yo Sc Pu	dit Card Authorization with and Precollege Programs hool of Continuing Education trchase College, SUNY 15 Anderson Hill Rd	in the Arts

FAX:

Purchase, NY 10577

(914) 251-6515