



Credit Card Authorization Form

Credit/Debit Cardholder Information	
Name	
Billing Address	
City	
State	
Zip code	

Payment Information	
Purpose of Payment	<input type="checkbox"/> Tuition/Fees <input type="checkbox"/> Housing Deposit <input type="checkbox"/> Facility Rental <input type="checkbox"/> Other: _____
Student Name	
SJNY ID#	
Amount to be charged	\$
Last 4 digits of Card number	

Authorization to Use	
By signing below, I certify that I am the authorized holder and signer of the credit/debit card referenced above. I acknowledge there is a 2.25% convenience fee that will be applied to this transaction. Minimum fee of \$1.00	
Cardholder Name (print)	
Signature	

----- CUT HERE AND SHRED PAYMENT CARD INFORMATION AFTER PROCESSING -----

Payment Card Information	
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Name on Card	
Card Number	
Security Code	
Expiration Date	

