



**ALFRED STATE COLLEGE**

Student Records & Financial Services • 10 Upper College Drive • Alfred, NY 14802  
Email: sfs@alfredstate.edu • Fax: 607-587-4298 • Phone: 607-587-4253

**CREDIT CARD AUTHORIZATION FORM**

I authorize Alfred State's Student Records and Financial Services Office to charge:

\$ \_\_\_\_\_ for: \_\_\_\_\_  
(Total to be charged) (Purpose: semester bill, hold(s), etc.)

\_\_\_\_\_ **Cardholder's signature required**

\_\_\_\_\_ **Date**

Cardholder's Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number to call with any questions: (\_\_\_\_\_) \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Students who separate from the college are liable for all charges incurred according to the [liability policy](#) listed in the college catalog and website. Please refer to college catalog or website for nonrefundable charges.

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.

Circle Card Type:    VISA                                    MASTERCARD                                    DISCOVER

Credit Card No:    \_\_\_\_\_

CVV2 Code:    \_\_\_\_\_    \_\_\_\_\_ / \_\_\_\_\_  
(3 digit code on the back                                    Exp. Date  
of your credit card)

The student must fill in this form completely and return to the Alfred State Student Records and Financial Services Office. The completed form may be faxed to: (607) 587-3287 or mailed to: Alfred State Student Records and Financial Services Office

Disclaimer: Email is a very unsecure way to send sensitive information. Alfred State College does not recommend sending your credit card information by email.