

CREDIT CARD AUTHORIZATION FORM

I AUTHORIZE SUNY MARITIME COLLEGE STUDENT ACCOUNTS OFFICE TO CHARGE THIS CREDIT CARD NUMBER FOR PAYMENT OF STUDENT ACCOUNT BALANCE

DATE _____

CREDIT CARD TYPE VISA M/C Last four (4) digits of credit card ____ _

DISC AMEX AMOUNT: \$ _____

STUDENT.ID# M _____ SEMESTER: _____

STUDENT NAME _____

CARDHOLDER NAME (print) _____

CARDHOLDER SIGNATURE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE# _____ ALTERNATE PHONE# _____

EMAIL ADDRESS _____

CREDIT CARD # _____ - _____ - _____

SECURITY CODE # _____ EXPIRATION DATE _____ / _____

PLEASE SEND COMPLETED CREDIT CARD AUTHORIZATION FORM TO:

- Fax to (718) 409-7299
- Mail to SUNY Maritime College, Student Accounts, Baylis Hall, 6 Pennyfield Ave., Bronx NY 10465-4198
- In Person, Enrollment Services, Baylis Hall, M-F, 8:30 am - 4:00 pm

NOTE: Your payment will be processed and posted to your account within 24 hours. If you wish to verify receipt, you may view your account online. For immediate processing, please use our on-line payment process through QuikPay