

Study Abroad Credit Card Authorization

(Please Print)

Program Name _____

Payment Amount _____ Payment Number _____

Convenience Fee Amount (*to be calculated by Bursar*) _____

Side Trips/TIPS _____ Other/Late Fees _____

Total To Be Charged _____

Student Name _____ EMPLID _____

Name on Credit Card _____

Credit Card Number _____

Credit Card Type: ☐ MasterCard ☐ Visa ☐ AMEX ☐ Discover

Expiration Date (MM/YY): _____ CSV# (*located on back of card*): _____

Credit Card Billing Zip Code: _____

Signature of Cardholder _____ Date _____

Submit this form to the Enrollment Services Center's cashiering stations, located in the lobby of the West Quad Center, or fax to 718.951.4520.

There is a non-refundable 2.65% convenience fee associated with all credit card transactions.

For Office Use Only:

Received By

Date Received

Processed By

Date Processed