

## Study Abroad Credit Card Authorization

(Please Print)

Program Name \_\_\_\_\_

Payment Amount \_\_\_\_\_

Convenience Fee Amount (to be calculated by Bursar) \_\_\_\_\_

Total To Be Charged \_\_\_\_\_

Student Name \_\_\_\_\_

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 \_\_\_\_\_

**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.**

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**For Office Use Only:**

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Processed By

\_\_\_\_\_  
Date Processed