CREDIT CARD AUTHORIZATION FORM

I AUTHORIZE SUNY MARTIME 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___________________________________________________________________

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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

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