



**New York**  
**COLLEGE**  
OF HEALTH PROFESSIONS

New York College of Health Professions  
Office of the Bursar  
**Credit Card Payment Authorization Form**

Directions: Please complete this form, place it in a sealed envelope, and deposit it in the payment slot on the Bursar's Office door.

NAME: \_\_\_\_\_ STUDENT ID NUMBER: \_\_\_\_\_

PROGRAM:     Acupuncture     Massage Therapy     Oriental Medicine     Other

**REASON FOR PAYMENT:**

- Tuition
- Graduation Fee
- Application Fee
- Transcript Fee
- Installment Plan Payment

**CREDIT CARD INFORMATION**

Name on Card: \_\_\_\_\_

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

\_\_\_\_\_

Credit Card Type:     Visa     Mastercard     American Express     Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ Amount To Be Charged: \_\_\_\_\_

By signing below, I hereby authorize New York College of Health Professions to charge my credit for the above-mentioned amount. I hereby understand that as of approval in January 2019 by New York State, New York College of Health Professions will be charging a 3% processing fee for all credit card charges starting July 1, 2019.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_