



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: _____