

Phone 518.442.3220

Credit Card Payment Authorization

Fax 518.442.3818

MASTERCARD - VISA - DISCOVER

Student Information and Charge Amount _____

Student Name

UAlbany Student ID

Amount of Charge

Card / Cardholder Information _____

Credit Card Type (Master Card, Visa, Discover)

Credit Card Account Number

Name of Cardholder (please print)

Expiration Date (month/year)

Address (City, State, ZIP) of Cardholder

Telephone Number of Cardholder

Signature of Cardholder

Date

Special Requests / Comments:

The University offers MasterCard/Visa/Discover as an alternate method of payment.

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