CREDIT CARD PAYMENT AUTHORIZATION

Medgar Evers College

Office of the Bursar, 1150 Carroll Street,Brooklyn,NY-11225
Tel:718-270-6091/6095/6084/6085/6087~ Fax:718-270-6286
e- mail: bursar@mec.cuny.edu

Print Student's name:_____

Student's Social Security No.:

Total Amount:$_____**Semester**_____ **Year:**_____

Please check one: ☐ **Master Card** ☐ **Visa** ☐ **Discover**

Credit Card No.:

Expiration Date:

Print Cardholder's Name:_____

Credit Card Billing Address:_____

Zip Code:

Cardholder's Telephone: Day

Evening

By signing below, I agree to pay the above total amount towards the tuition balance.

X_____

Cardholder's Signature **Date**