



**TOURO COLLEGE
OFFICE OF THE BURSAR
GRADUATE SCHOOL OF EDUCATION AND PSYCHOLOGY**

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AUTHORIZATION TO CHARGE CREDIT CARD

Date: _____

Semester: _____

Students Name: _____

Students ID#: _____

Program/Extension: _____

Card Holders Name: _____

Credit Card #: _____

Expiration Date: _____

3 Digit CVV Number: _____ (3-Digit Code on Back Signature Panel)

Card Type:

Visa



Mastercard



Amount \$: _____

Student's Mailing Address

Street Address: _____ Apt #: _____

City, State, Zip Code: _____

Cardholder's Signature: _____

*** Touro College Does Not Accept Discover Card or American Express ***