



TOURO COLLEGE

Office of the Bursar

27-33 West 23rd St.
2nd Floor, Room 235
New York, NY 10010
Tel (212) 463-0400 x.5624
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CREDIT CARD AUTHORIZATION

Student Name: _____

Address: _____

Telephone Number: _____

Student ID# _____ Pr/Ext. _____ Sem. _____

Credit Card Number: _____

Type of Card: VISA MASTERCARD

Expiration Date: _____

V Code (Last 3 digits on the signature line): _____

Name on Credit Card: _____

Dates To be Charged: _____ Amt \$ _____

_____ Amt \$ _____

_____ Amt \$ _____

Information and authorization was taken by Phone on _____.

I, _____ authorize Touro College to charge my credit card as stipulated above.

Cardholder Signature: _____