

# CENTENARY COLLEGE NEW JERSEY

1867

## REGISTRATION CREDIT CARD PAYMENT FORM For Single Transaction Payments\*

I, \_\_\_\_\_ (PRINT NAME), do hereby acknowledge my financial responsibility to Centenary College for tuition and fees for course(s) I take at the College for term \_\_\_\_\_.

**\*\*Please note important change in credit card processing, effective immediately, credit card payments will be processed as soon as the form is received by the Student Billing Office. Credit Card info will no longer be held for processing until the start of the term.\*\***

\_\_\_\_\_  
Address (Including Zip Code)

\_\_\_\_\_  
Telephone #

Amount to be charged: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_  
(Visa/Mastercard/DiscoverCard Only)

Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Cardholder Name (if other than student) \_\_\_\_\_  
(Print Name)

Cardholder Signature; \_\_\_\_\_

I accept financial responsibility should I withdraw from a course after the first day of the term. I have read and agree to abide by the College's refund policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\*For single transaction only, this form will be shredded once payment has been processed.