

The College of Saint Rose

Undergraduate Deposit Credit Card Payment Form

Please Mail form to: The College of Saint Rose
Undergraduate Admissions Office
432 Western Avenue
Albany, NY 12203

Note: For security purposes, **please do not send this form via fax or email.**

If you have any questions, please call the Undergraduate Admissions Office at (518) 454-5150.

Credit Card Type: Discover _____ MasterCard _____ VISA _____

Please check one the following:

_____ I am authorizing payment for a **tuition-only deposit** in the amount of \$150.00 for the student listed below:

_____ I am authorizing payment for a **tuition/housing deposit** in the amount of \$300.00 for the student listed below:

Student's Name: _____

Student's ID Number: _____

Cardholder's Name: _____

Credit Card Number: _____ Exp Date: _____

Billing Street #: _____ Zip Code: _____

Daytime Phone #: _____

Cardholder's Signature: _____ Date: _____

For Office Use Only:

Semester: Fall _____ Spring _____

Date Received: _____ Received/Processed By: _____