



STONEHILL COLLEGE

Credit Card Payment Authorization Form

Sign and complete this form to authorize **Stonehill College** to make a one-time debit to your credit card listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. In a situation when the transaction fails/declines, we will retry once and contact you for further information if the transaction continues to fail.

Please complete the information below:

Date:		Amount:	
Name:			
Billing Information:	Address:		
	City:	State:	Zip Code:
Phone:		Email:	
Description of goods/service:			
Account Type:	<input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX		
Cardholder Name:			
Account Number:		Expiration Date:	

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.