Hofstra University Credit Card Payment Form

Name of School/Organization: \_

Amount to be charged: MC/Visa/ AmEx (circle one)

Card Number:

Expiraton Date: Security Code:

Name of Cardholder: \_

Signature of Cardholder: Date:

By signing this form you give Hofstra University permission to charge your account for the indicated amount.

Presented to:

Office of the Bursar – Student Accounts