New York Medical College

GRADUATE SCHOOL OF BASIC MEDICAL SCIENCES

CREDIT CARD PAYMENT FORM (2011-2012)

INSTRUCTIONS: Print or type all required information. Please remember to sign the form and indicate the date. ***Students who have financial aid pending cannot use this form.***

Type of Card:* ☐ **Master Card** ☐ **Visa** Expiration Date: _____

___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___
Credit Card Number

_____ ___ ___ ___ - ___ ___ - ___ ___ ___ ___
Card Holder's Name Social Security Number of Student

_____ $ _____
Student ID Number Amount to be charged

***WE DO NOT ACCEPT AMERICAN EXPRESS**

I understand if for any reason my charge is declined, New York Medical College will not accept my registration and it will be returned to me. My signature on this form gives New York Medical College the ability to process my charge. *Payment plan not available for summer courses.

Any student who registers for courses and does not pay for them in full, will have their student account balance placed with a Collection Agency. A 30% fee will be assessed to the outstanding balance.

_____I am enrolled in the Payment Plan and authorize New York Medical College to charge my credit card in four monthly installments:

# of credits_____ x $835_____divided by 4 = $_____Monthly Tuition Payment
(Please note: Course 9700 Master's Independent Study should be charged at the rate of one tuition credit, $835.)

_____ _____
Authorized Signature Date

PLEASE SUBMIT THIS FORM ALONG WITH THE APPROVED REGISTRATION FORM TO:
Graduate School of Basic Medical Sciences, Basic Sciences Building, Room A41, Valhalla, NY 10595

Tuition:	$835.00 per credit x _____ credits	$_____
Student Activity Fee:	$15.00 per semester	$_____
Network Access Fee:	$5.00 per semester	$_____
General Fee	$25.00 per semester	$_____
Entrance Fee:	$100.00 (First semester only)	$_____
Lab Fee:	If applicable	$_____
	TOTAL:	$_____

GSBMS 06/11