



**New York Medical College**  
**SCHOOL OF HEALTH SCIENCES AND PRACTICE**

**CREDIT CARD PAYMENT FORM**

**INSTRUCTIONS:** This form is to be used by continuing and newly accepted students (except students who have pending financial aid). Please remember to sign and date the form below.

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.

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

# of credits \_\_\_\_\_ x \$835 = \_\_\_\_\_ divided by 4 = \$ \_\_\_\_\_ Monthly Tuition Payment

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-      \_\_\_\_\_  
 Authorized Signature      Date

PLEASE SUBMIT THIS FORM ALONG WITH THE APPROVED REGISTRATION FORM TO:  
**New and non-matriculating students** - School of Health Sciences and Practice, Admission's Office, Room 316;  
**Continuing students** – New York Medical College, Administration Building, Registrar's Office, Room 127.

Tuition:      \$825 per credit x \_\_\_\_\_ credits      \$ \_\_\_\_\_ or

NYMC affiliate employees (10% discount on tuition)  
    \$742.50 per credit x \_\_\_\_\_ credits      \$ \_\_\_\_\_

Student Activity Fee:      \$30 per semester      \$ \_\_\_\_\_

Network Access Fee:      \$25 per semester      \$ \_\_\_\_\_

Entrance Fee:      \$125 (First semester only)      \$ \_\_\_\_\_

Late Fee:      \$125 (continuing students only)      \$ \_\_\_\_\_

Payment Plan Application Form:      \$40 service fee (if applicable)      \$ \_\_\_\_\_

**TOTAL:**      \$ \_\_\_\_\_