

Conemaugh School of Nursing & Allied Health

Credit Card Payment Form

If you would like to pay for tuition and fees with a credit card, please complete the following credit card payment form authorizing the amount to be charged to your credit card. Please submit your completed form to the Conemaugh Financial Aid Office.

Student's Name: _____ (print clearly)

Student's Program: _____ (print clearly)

Payment Amount: \$ _____ (print clearly)

Cardholder's Signature

Date

.....
Check the appropriate box:

Visa

Discover

MasterCard

Other _____

(American Express not accepted)

Credit Card No.: _____

Expiration Date: _____ (mm/yy)

Name (as it appears on card): _____

(Please use the address to which your credit card bill is sent.)

Address (No. and Street): _____

Address (Apt. or Suite): _____

City: _____

State: _____

Zip Code: _____

Daytime Phone Number: () _____