



# CENTENARY UNIVERSITY

## **Registration**

Credit Card Payment Form  
For Single Transaction Payments

\_\_\_\_\_  
I, \_\_\_\_\_ (PRINT NAME), do hereby acknowledge my financial responsibility to Centenary University for tuition and fees for course (s) I take at the University for term \_\_\_\_\_.

**\*\*Please note important change in credit card processing, effective Immediately, credit card payments will be processed as soon as the form is received by the Student Billing Office. Credit card info will no longer be held for processing until the start of the term.**

\_\_\_\_\_  
Address (including zip code)

\_\_\_\_\_  
Telephone # \_\_\_\_\_

Amount to be charged: \$ \_\_\_\_\_

Credit card number:  
(Visa/Mastercard/Discover Card Only) \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Cardholder Name (if other than student): \_\_\_\_\_

Cardholder Signature:

I accept financial responsibility should I withdraw from a course after the first day of the term. I have read and agree to abide by the University's refund policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature