

Monthly Credit Card Billing Authorization

75 S. Manheim Blvd. Suite 9 • New Paltz, NY 12561-2443 • Telephone: 845-257-3244 • Fax 845-257-4412



This authorization to debit your credit card on or about the 15th of each month will remain in effect until we have received notification from you of its termination, and the SUNY New Paltz Foundation has had reasonable opportunity to act on it. You should anticipate the first debit within approximately 30 days after we have received your authorization.

I (we) hereby authorize the SUNY New Paltz Foundation to initiate monthly credit card billing on my (our):

Visa Mastercard American Express

Credit Card #: _____ **Exp. Date:** ___/___/___

Amount to bill per month:

(Will occur on or about the 15th of each month) \$ _____

Please designate my gift to:

Fund for New Paltz Other: _____

Your Name _____ Class Year _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ E-mail _____

Employer _____

Job Title _____

Address _____

City _____ State _____ Zip _____

Business Phone (____) _____ E-mail _____

Signature: _____ Date: ___/___/___