Payment by Credit/Debit Card

Student Name/ID #: _____

Reason for Payment: _____

Name on Card: _____

Credit/Debit Card #: _____

Three Digit Code from Back of Card: _____

Expiration Date: _____

Amount Authorized: _____

Billing Address: _____

Email Address for Receipt: _____

Cardholder's Signature: _____

NOTE: there is a fee of 2.75% to use your card for payment.

To complete form online, print off website and physically sign. Send completed form via fax to the Registrar's Office at 814-641-3199 or scan and email as a pdf to transcript@juniata.edu. If should have any additional questions, please call 814-641-3165.