



SEAT DEPOSIT PAYMENT VOUCHER

I hereby accept Touro Law Center's offer of admission to the Fall _____ entering class. I understand that payment of my deposit reserves my seat through the registration deadline. The deposit paid will be credited to my bursarial account for tuition and fees. No portion of this deposit will be refunded if I do not enroll at Touro Law Center. Questions? Please call (631) 761-7010.

- First Tuition Deposit** \$300.00 Due: _____, _____
- Second Tuition Deposit** \$500.00 Due: _____, _____
- First & Second Tuition Deposits** \$800.00 Due: _____, _____

Applicant's Name _____ Telephone # _____

Address _____

City _____ ST _____ Zip _____

I WISH TO PAY TOURO LAW CENTER'S DEPOSIT VIA (CHECK ONE):

- Personal check / Money Order payable to "Touro Law Center"
- Credit Card (*VISA or MasterCard only*). Please complete payment section below.

Card Type (check one): VISA MasterCard

Credit Card Number (16 digits): - - -

3-Digit Verification Code (found on the back of card):

Expiration Date (month/day/year): / /

Name exactly as it appears on the card _____

Credit Card Holder's Name and Address (if different from Applicant):

Name _____ Telephone # _____

Address _____

City _____ ST _____ Zip _____

I authorize Touro Law Center to charge my \$_____ tuition deposit to the above credit card.

Signature of cardholder: _____

PLEASE MAIL THE COMPLETED FORM AND CHECK TO:

**Touro Law Center
Office of Admissions
225 Eastview Drive
Central Islip, NY 11722**

OR FAX (credit card payments only) THE COMPLETED FORM TO: FAX #: (631) 761-7019