

Mail to: Business Office Defiance College 701 N Clinton St Defiance, OH 43512		Phone: 419-783-2550 Fax: 419-783-2491 Email: bursar@defiance.edu Office Hours 8:00-4:30pm M-F
Student ID# _____ Student Name _____	Payment Amount \$	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Credit/Debit Card # _____ Expiration Date _____ Security Code _____ Signature _____ Date _____		

Mail to: Business Office Defiance College 701 N Clinton St Defiance, OH 43512		Phone: 419-783-2550 Fax: 419-783-2491 Email: bursar@defiance.edu Office Hours 8:00-4:30pm M-F
Student ID# _____ Student Name _____	Payment Amount \$	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Credit/Debit Card # _____ Expiration Date _____ Security Code _____ Signature _____ Date _____		

Mail to: Business Office Defiance College 701 N Clinton St Defiance, OH 43512		Phone: 419-783-2550 Fax: 419-783-2491 Email: bursar@defiance.edu Office Hours 8:00-4:30pm M-F
Student ID# _____ Student Name _____	Payment Amount \$	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Credit/Debit Card # _____ Expiration Date _____ Security Code _____ Signature _____ Date _____		

Mail to: Business Office Defiance College 701 N Clinton St Defiance, OH 43512		Phone: 419-783-2550 Fax: 419-783-2491 Email: bursar@defiance.edu Office Hours 8:00-4:30pm M-F
Student ID# _____ Student Name _____	Payment Amount \$	
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Credit/Debit Card # _____ Expiration Date _____ Security Code _____ Signature _____ Date _____		