

## **Credit Card Authorization Form**

Today's Date:	Student's	Name:	
charged to the credit/debit ca	ard listed below. This char	s name) authorize the following parge will be applied towards the accestudent at American College of H	count of
Credit Card Information			
Card Type: Amex This is authorization for:	Visa Mastercard	Discover	
A one-time estimated of A reoccurring charge factoring Any charge verbally at expires).	for student's estimated pay	rment plan in the amount of \$ rmyself from today until	* (date
		re estimated for each student and m harge payments within \$10 of the an	
Card No:////	<u>/_                                    </u>	/// Card Expire Date:/	///
CV2 #1:// Cardl	nolder's Signature		Date:
Printed Name of cardholde	Pr:	Phone number:	
Billing Address of cardholo	ler:	City/State/Zip:	
Cardholder Email Address	:		
Simply complete this form a businessoffice@achs.edu.	and return it to the Busines	s Office via fax to 971-285-4336	or scan and email to
Please note that we are not a	ible to charge your credit c	eard before receipt of this signed a	uthorization.
agent for the student's accou	unt. If the cardholder will rent must assign the cardhol	n does not denote the cardholder a need financial or other information der as an Authorized Agent by co nline at http://faq.achs.edu.	n regarding the
<sup>1</sup> The CV2 number is the four n	umbers printed on the front c	of the Amex card OR the 3 digits print	ted on the back of all

other credit cards on the signature line.