



High School @Akiva
26500 Shaker Blvd
Beachwood, Ohio 44122
216-464-4050

akiva@siegalcollege.edu

**CREDIT CARD AUTHORIZATION
FORM
2011/12**

For credit card payment, please mail a \$200 deposit along with this completed form. **A 3% charge will be added to all credit card payments.**

Name of cardholder: _____

Student/s Name/s: _____

Credit card number: _____

____ MasterCard ____ Visa ____ Discover ____ American Express

Expiration date: _____

CIV code _____ 3 or 4 digit code located on the back of the credit card near the signature line. (AMEX is located on the front of the card in the upper right hand corner above the card #)

All tuition and fees are to be paid in full prior to December 30:

Date _____ Tuition Amount: _____
3% Credit Card Fee: _____

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3% Credit Card Fee: _____

Date: _____ Tuition Amount: _____
3% Credit Card Fee: _____

Signature: _____

This form will be stored in a secured location