Credit card authorization form

Office of Student Accounts

INSTRUCTIONS
Complete the form and sign where indicated
Submit this form by fax **+ 30 210 600 4991** or email **studentaccounts@acg.edu**

I authorize **The American College of Greece** to charge my credit card, as indicated below, the amount of:

€ _____EURO

Cardholder's Name _____

Credit Card ☐ Visa ☐ MasterCard ☐ AMEX

Card Number _____

Expiration Date _____ CVV: _____

Student Name _____

Student ID _____

_____ _____

Signature Date

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