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## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Memo: \_\_\_\_\_

Credit Card Type:      Visa              MasterCard              Discover              AmEx

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize Ally College to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return the completed and signed form to our email at**  
[admissions@allycollege.com](mailto:admissions@allycollege.com)

All information will remain confidential