CREDIT CARD AUTHORIZATION FORM

I _____ authorize ISA to bill my credit card account* for tuition and other fees as stated on the 2011/2012 Enrollment and Tuition / Fee Agreement, as well as the Tuition and Fee Schedule, as applicable.

Student(s) Name(s)_____

Circle Card Type American Express Mastercard Visa

Card Number:_____

Expiration Date:_____ CVV2 Code:_____

Billing Address:_____

_____

_____ _____ _____

Cardholder Name Signature Date

*A 2% credit card cost recovery fee will be added to all credit card charges.

Revised January 20, 2011