



NAME _____ ID# _____ TERM: Summer 2011

Designate a Payment Method:

I wish to pay by credit card. My credit card information is at the bottom of this form. Payment for Summer 2011 tuition and fees is due in full on April 15th or at the time of registration.

Pay 100% now

Credit Card Information:

Name on Card: _____

Card Type: Visa Master Card Discover American Express

Account Number: _____

Expiration Date: ___/___/___ V-Code ___ ___ (found by the signature line on the back of the card)

Phone Number: _____

Signature: _____ Date: _____
(Your signature authorizes Argosy University to charge your credit card.)

This information may be submitted via email. Please include the following information in your message: Student Name, Social ID Number, Name of Cardholder, Zip Code, Card Type, Card Number, Expiration Date, and V-Code. Please submit this information to Zac Smith at zsmith@argosy.edu, Alexandria Cummings at acummings@argosy.edu or Jose Castaneda at icastaneda@argosy.edu

*Please return this form to the Student Finance Office before registration. (Fax: 312-777-7625)