

# Atlanta Career Institute - Credit Card Authorization

Credit Card #

Security Code  EXP. Date:

Card Type  MC/VISA  \$100 Deposit CNA Class  \$600 Deposit Patient Care  
Technician/EKG/Phlebotomy  
 Visa  \$100.00 Deposit Phlebotomy Class  
 Discover  \$400 Deposit EKG  \$600 Deposit Medical Assistant  
Combo Class  
 Debit  \$100 Deposit Phlebotomy Refresher  \$600 Deposit CNA/Medical Assistant  
Combo Class

\$  Item and amount approving

\*\*\*\*\$100 is portion of Application fee and non-refundable

By Signing this form I agree to pay a 4% Credit Card Convenience Fee

Student Name: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Tel: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_