

SHIMER COLLEGE

Credit Card Deduction Form

Student Name _____

Student ID# _____

Name on Card _____

Cardholder Signature _____

Credit/Debit Card # _____

Exp Date _____

V-Code(3digits on back of the credit card)_____

Email address for confirmation_____

Street Address _____

City, State & Zip Code_____

Amount to be charged_____

RETURN THIS FORM TO THE BUSINESS OFFICE-THANK YOU!