

AHSCare 2020-21 Credit Card Authorization Installment Payments

Please scan and submit this form to olga.gehman@ahschools.com OR
Drop in an envelope marked "confidential" at any branch or mail to:

Associated Hebrew Schools, Attention: Tuition Office

252 Finch Ave West Toronto ON M2R 1M9

Student ID/ F Name /L Name	Grade	Education Centre	START TIME AM	AMOUNT AM	START TIME PM	AMOUNT PM	Deposit	Balance
Balance Due								
□ 9 Payments (Starting on September 1, 2020) *A 2% Admin fee of the balance will be added to the first Payment □ American Express □ Visa □ Master Card Print Name on Card								
Account # (15 AmEx or 16 digits V / MC) Expiry Date Security Code 3 or 4 digits								
I/We hereby authorize Associated Hebrew Schools of Toronto to charge the credit card as indicated above. Each charge shall be treated the same as if I/we have personally presented the credit card authorizing you to pay as indicated thereon Any delivery of this authorization to you constitutes delivery by me/us and our financial institution/credit card company is not required to verify that the payments are drawn in accordance with this authorization.								
Authorized Card Holder Sign	nature 1	Date		Authorized	d Signature 2	Date	e	

A service fee of \$25.00 will be levied for all payments not honoured.