



CREDIT CARD AUTHORIZATION CONTRACT

I authorize High Desert Montessori School to charge my ___Master Card ___Visa ___Discover:

For school related obligations, goods and/or services only.

Child's Name: _____

-Option 1: Please bill \$_____ to my credit card **EACH MONTH** on the 1st or 15th (circle one) day of the month.

-or-

-Option 2: Please bill a **ONE TIME** charge to my card in the amount of \$_____ for _____.

-or-

-Option 3: Please bill this credit card **EACH TIME** my child drops in to the Enrichment Program at the current drop in rate (**\$10** morning care/ **\$15** after care) _____ (card holder initials).

Name on Card: _____

Card number _____

Expiration Date: ____/____/____

Billing address for credit card account: _____

Telephone: (_____) _____

Between the dates of: Start: **July 1, 2019** to end **June 30, 2020**

I understand that my signature on this contract along with a copy the front side of the credit card will serve as my authorized signature on the credit card slip.

SIGNATURE OF CARD HOLDER Today's Date ____/____/____

Print name as it appears on card