



PRIMARY PROGRAM 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/Children's Name: _____

Classroom/s : _____

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

-and-

-_____ (initial) Please bill a **ONE TIME** charge to my card in the amount of \$125 for my child's 2020-2021 supply fee.

Name on Card: _____

Card number _____

Expiration Date: ____/____/____

Billing address for credit card account: _____

Telephone: (_____) _____

Between the dates of: Start: July 1, 2021 to end June 30, 2022

I understand that my signature on this contract 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