

Montessori Children's School

714 Bates Street
Jacksonville, NC 28540
910-938-3826

Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
- You can get Rewards Points for paying your bill

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, or Discover card. You will be charged each billing period for the amount indicated on your enrollment contract. A billing statement will be emailed to your indicating the payment and the charge will appear on your credit card statement. If for some reason the attempt to charge your primary account fails, we will automatically debit your secondary account for that payment. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **Montessori Children's School** to charge my credit card
(full name)

indicated below on the 15th of each month for payment of my contracted tuition and fees.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Primary Credit Card	Secondary Credit Card
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
<input type="checkbox"/> Discover	<input type="checkbox"/> Discover
Cardholder Name _____	Cardholder Name _____
Account Number _____	Account Number _____
Exp. Date _____	Exp. Date _____
CVV (3 digit number on back of card) _____	CVV (3 digit number on back of card) _____

Authorization Expiration Date: 5-30-2011

I authorize the above named business to charge the credit card(s) indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. In the event that the charge to the primary credit card fails for any reason, I agree that the secondary account will be charged. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____