

MIDWEST CHRISTIAN MONTESSORI ACADEMY

Agreement for Preauthorized Credit Card Payment(s)

Name(s): _____
Please Print (as appears on card)

Billing Address: _____

City/State/Zip Code: _____

Telephone: _____ Cellular: _____

Student Name (s): _____

I hereby authorize **Midwest Christian Montessori Academy**, hereinafter called **Midwest**, to initiate credit card transactions(s) on the below stated credit card account: **Visa, Master Card or Discover only.**

Type of Card: Visa _____ Mastercard _____ Discover _____

Account Number: _____

Expiration Date: _____ three digit CVV#: _ _ _

Monthly Charge Date: 1st _____ or split in 2 payments on 1st & 15th _____
(please check one)

This authority is to remain in full force and effect until **Midwest** has received notification from me of its termination in such time and in such manner as to afford **Midwest** a reasonable opportunity to act on it or the end of the recurrent payment(s) and term agreed upon. I further agree to advise **Midwest** of any change to credit card account number in writing. Payments are made monthly for specified amount according the **Enrollment Agreement**, and will vary only if permission is granted by the cardholder to cover other fees such as childcare, etc.

Name(s): _____
Please Print

Signed: _____ Date: _____