

Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (To be completed by merchant)

Customer name:	Customer account number:	Phone:
_____	_____	_____-_____-_____

Payment Information (To be completed by merchant)

I authorize Montessori Academy of North Texas to automatically bill the card listed below as specified:

Amount: \$ _____ Frequency: Weekly Bi-Weekly Semi-Monthly Monthly
 Quarterly Semi-Annually Annually (Check only one)

Start billing on: ____ / ____ / ____ End billing when: Contract expires: ____ / ____ / ____
 Customer provides written cancellation

Credit Card Information (To be completed by customer)

Montessori Academy of North Texas accepts the following credit cards: **Visa, MasterCard, American Express, Discover**

Credit card type: _____ Credit card number: _____ CVV _____ Expires: ____ / ____ / ____

Cardholder's name: _____ Cardholder's Billing Address & Zip (required): _____
(as shown on credit card)

Customer's signature: _____ Date: _____