



Credit Card Authorization Form

Please sign and complete this form to authorize **Forest Hill Montessori School Inc.** to make the following charge(s) to your credit card listed below. By signing this form you give us permission to debit your account for the program(s) indicated. This is permission for the transaction(s) listed below only, and does not provide authorization for any additional unrelated debits to your account not listed here.

CHILD(REN)'S NAME(S): _____

I _____ authorize **Forest Hill Montessori School Inc.** to charge my
(print full name)

credit card account for the following applicable choice(s) and/or payment plans (please check/circle choices):

- APPLICATION FEE (see Fee Schedule)**
- DEPOSIT FEE (see Fee Schedule)**
- TUITION (see Fee Schedule for fees and payment options)** Option A Option B Option C
- HOT LUNCH PROGRAM**
- EXTENDED CARE PROGRAM (please check or circle applicable sub-choice)**

- Yearly
- Monthly
- Occasional (pre-authorizing use of this card for Occasional Use Extended Care Invoice charges)

- OTHER – PLEASE INDICATE** (for example *Summer Camp*) _____

- Please keep the credit card listed below on file for additional occasional fees**

Account Type (please circle or delete as appropriate): VISA MASTERCARD

Cardholder Name: _____

Credit Card Number: _____ **Expiration Date:** _____

Email Address: _____

Signature

Date

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. All declined or delinquent credit card payments will incur a \$100.00 administrative fee.

Forest Hill Montessori School

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Elementary Campus 585 Cranbrook Avenue, Toronto ON M6A 2X9 [t. 416-781-5034](tel:416-781-5034)