



### Checking & Credit Card Authorization Form

Child's Name _____	Gender _____	Date of Birth _____	Age _____
Child's Address _____		Home Phone _____	
Date of Admission _____	Start Date _____	With Whom Does the Child Reside _____	

I, \_\_\_\_\_, hereby authorize Pinnacle Montessori to charge my credit card or bank account.

\$ \_\_\_\_\_ Registration Fee      \_\_\_\_\_ Visa      \_\_\_\_\_ Master Card

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      CVC: \_\_\_\_\_

Credit Card Billing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Account:

Bank Name: \_\_\_\_\_

Bank Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

\_\_\_\_\_ Checking      \_\_\_\_\_ Saving

Signature: \_\_\_\_\_

Date: \_\_\_\_\_