



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 (_3.5% Processing Fee) or bank account.

\$ _____ Registration Fee. \$ _____ Monthly Tuition _____ Other Fees
_____ Visa _____ Master Card

Credit Number: _____

Expiration Date: ____/____ CVC: _____

Credit Card Billing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Bank Account:

Bank Name: _____

Bank Account: _____

Routing Number: _____

_____ Checking _____ Saving

**** Pinnacle Montessori will only accept Credit Card Payments, Check Payments, Money Order, ACH Bank Draft! We do Not accept Debit Card.**

Signature: _____ Date: _____