



# Pinnacle Montessori – Alamo Ranch

*Reach for the Stars*

11400 Culebra Road

San Antonio, TX 78253

(210) 716-1250

alamoranch@pinnaclemontessori.com

## Checking & Credit Card Authorization Form

Child's Name: \_\_\_\_\_  Male/ Female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Registration: \_\_\_\_\_ Start Date: \_\_\_\_\_ With Whom the Child Resides: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize Pinnacle Montessori Alamo Ranch to charge my  
 Bank Account or  Credit Card for  automatic tuition withdrawal or  onetime payment.

\$ \_\_\_\_\_ Registration Fee \$ \_\_\_\_\_ Supply Fee \$ \_\_\_\_\_ Watch Me Grow \$ \_\_\_\_\_ Tuition

### Bank Account Information:

Checking Account or  Savings Account

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

Name on Bank Account: \_\_\_\_\_ Account Holder Phone: \_\_\_\_\_

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

### Credit Card Information:

\* Note, all credit card transactions will be charged a 3.5% processing fee.

Name as Appears on Card: \_\_\_\_\_ Billing Phone Number: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

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

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_ CVC: \_\_\_\_\_

**Payer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_