

Hilltop Montessori Day School
4201 Trail Lake Drive
Fort Worth Texas, 76109
817-923-9710
www.hilltopmontessori.net

Credit Card Authorization Form

Student Name: _____

Name of Parent/Grandparent: _____

Address: _____

Billing ZipCode: _____

Phone: _____

E-mail: _____ *(receive charge confirmation via e-mail)*

Account #: _____

3 digit security code : _____

Expiration Date: _____

Circle One: Visa M/C

I hereby authorize Hilltop Montessori to charge the above referenced credit card account periodically for tuition. I understand that my signature will be kept on file only in order to expedite these requests. We will give you a written confirmation for each transaction.

Date: _____

Signature: _____