



Credit Card Authorization Form

Instructions:

- 1) Fill out this form and sign.
- 2) Drop it in our locked drop box in the entryway, turn it into the Office, scan and email to info@sunrise-montessori.com, or FAX it to 512.341.2884.

I hereby authorize Sunrise Montessori Preschools, Inc. to charge my credit card for the amount listed below PLUS an extra \$25 for the processing fee. I understand that this form in no way changes any aspect of the tuition contract.

Name on Credit Card

Card Type (check one): Visa MasterCard

Credit Card # _____

Expiration Date _____ 3 Digit Code _____

Billing Address

Signature

Date

*****IMPORTANT: I wish the following amount to be charged on my credit card for the child(ren) enrolled at Sunrise Montessori:**

\$ _____ + \$25 processing fee = \$ _____ TOTAL to be charged

Child(ren)'s Name(s) _____