



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization before the 25th of the month.

Credit Card Information

Card Type (circle): MasterCard Visa

Cardholder Name (as shown on card): _____

Card Number: _____ CVV Number: _____

Expiration Date (mm/yy): _____

Cardholder Postal Code (from credit card billing address): _____

By signing below I authorize North Pole Montessori School to charge monthly tuition and associated charges listed on my monthly invoice. All charges will be processed on the 1st of each month or the next business day.

Cardholder Signature

Date