



Lefferts Gardens Montessori

527 Rogers, Brooklyn, NY 11225
www.brooklynmontessori.com

(718) 773-7478

Credit Card Authorization

Instructions

1. Complete the form below with a dark pen.
2. Include a photocopy of the **front** and **back** of the signed credit card.
3. Deliver/Fax this form and the photocopy to us. Our fax number is **(718) 693-1696**.

I, (print name) _____, hereby authorize Lefferts Gardens Montessori to charge my credit card account for the following purpose(s):

Child's Name: _____

Purpose	Amount
<input type="checkbox"/> Tuition payment	\$ _____
<input type="checkbox"/> Field trips and photographs	\$ _____
<input type="checkbox"/> Application fees	\$ _____
<input type="checkbox"/> Other payment: _____	\$ _____
Total:	\$ _____

Card Type: VISA Mastercard Discover Other _____

Credit Card Number: _____

Expiration Date: ____/____ CVC Code*: _____

* Last three digits on the number on the back of the card

Credit Card Billing Information

Name on Card: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____-_____

Cardholder's Signature: _____ Date ____/____/____

Lefferts Gardens Montessori keeps all information strictly confidential.