IvyCrest Montessori Private School

AUTHORIZATION AGREEMENT FOR CREDIT CARD CHARGES

I (We) hereby authorize IvyCrest Montessori Private School (CIMC, Inc.) to initiate charges against my (our) credit card account, indicated below, for the amounts specified on the Enrollment Contract to which this Authorization Agreement is attached, and on the dates specified on such Enrollment Contract on the Authorization Agreement.

This Authorization Agreement is to remain in full force and effect until all payments due to IvyCrest Montessori under the terms of the Enrollment Contract have been made or until IvyCrest Montessori has received written notification (minimum 30 day notice) from me (either of us) of its termination after choosing a new payment method. This shall be done in such a manner as to afford IvyCrest Montessori reasonable time to act upon it and to continue payments due to IvyCrest Montessori on a timely basis.

I understand that my credit card account may be subject to charges by the credit card company if a pre-authorized charge exceeds the available credit limit, and I shall hold IvyCrest Montessori free from any liability for such charges.

***IvyCrest Montessori* MAY CHARGE MY CREDIT CARD AS INDICATED BELOW:**
(all Credit Card Transactions are subject to a 3% processing fee)

☐ Annual	☐ Academic Year	☐ Monthly	☐ One Time Charge
_____ (Initials)	_____ (Initials)	_____ (Initials)	_____ (Initials)

Charge the following card: ☐ Master Card ☐ VISA

Exact Name on Credit Card _____

Credit Card Number _____ Expiration Date _____ / _____

Please state whether you would like other miscellaneous expenses, other than tuition, (i.e. lunch, breakfast) charged to your credit card at your contracted time of payment.

☐ YES _____ (Initials) ☐ NO _____ (Initials)

YOUR CREDIT CARD CHARGE RECEIPTS ARE AVAILABLE IN THE BUSINESS OFFICE

This is to acknowledge that I have read and understand the Authorization Agreement for Credit Card Charges of ***CIMC, Inc. dba IvyCrest Montessori Private School.*** I agree that my signature constitutes full acceptance of all payments and agreements stated in this contract.

1._____ _____ _____
Print Name Signature of Parent/Person Contractually Responsible Date

2._____ _____ _____
Print Name Signature of Parent/Person Contractually Responsible Date

Revised 11/07/14 LUM