



School 2021/2022
Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.
This authorization will remain in effect until cancelled.

Transaction Processing Dates:

Deposit #1 Oct 22/20 / Deposit #2 Dec 1/20 / Instalments: March 1st, July 1st, Sept 1st, 2021.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card):			
Card Number:			
Expiration Date (mm/yy):			
CVC (on back of card):			
Transaction Amount \$ Oct 22/20 \$ _____ Dec 1/20 \$ _____ Apr 1/20 \$ _____			
Cardholder Postal Code (from credit card billing address):			

I, _____, authorize Hillcrest Progressive School to charge my credit card above for the approved transaction amount. I understand that my information will be saved to file for future transactions on my account.

Customer Signature _____

Date _____