HILLCREST®
PROGRESSIVE SCHOOL

School 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.
An administration fee of 2.5% will be added to all credit card payments.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
CVC (on back of card):
Transaction Amount/Date: 1) **Deposit 1 – Due Upon Enrollment** $ _____ 4) **Installment 2 – July 2nd 2022** $_____ 2) **Deposit 2 – Dec 1st 2021** $_____ 5) **Installment 3 – August 31st 2022** $_____ 3) **Installment 1 – Mar 1 2022** $_____
Billing Address:
Child Name:

I, _____, authorize Hillcrest Progressive School to charge my credit card above for the approved transaction amounts, along with an administrative fee of 2.5% applied to all approved transactions. I understand that my information will be saved to file for future transactions on my account.

_____ _____
Customer Signature Date

59 Plymbridge Rd, Toronto, ON M2P 1A2 T-416-489-8355
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