



School Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will be in effect until cancelled.
An **ADMINISTRATION FEE** of **2.5%** will be added to all credit card payments.

CREDIT CARD INFORMATION	
Card Type:	<input type="checkbox"/> Master Card <input type="checkbox"/> Visa
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	
CVC (on back of card):	
Transaction Amount:	
1) Deposit #1 - Due Upon Enrolment \$ _____	4) Instalment #2 - June 2nd/2025 \$ _____
2) Deposit # 2 - Apr 2nd/2025 \$ _____	5) Instalment #3 - July 2nd/2025 \$ _____
3) Instalment #1 - May 2nd/2025 \$ _____	
Billing Address:	
Child's Name:	

I, _____, authorize Hillcrest Progressive School to charge my credit card above for the approved transaction amounts, along with an administration 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