



Hearts and Hands Montessori, Inc.

1660 Amsterdam Rd.
Belgrade, MT 59714
406-388-8876

One-Time Credit Card Payment Authorization

I authorize a one-time charge to your credit card. I will be charged the amount indicated below. A receipt will be provided to me and the charge will appear on your credit card statement.

I _____ authorize Hearts & Hands Montessori to charge my Credit Card (Cardholder's Name) indicated below for \$ _____ + 3% for credit card processing fees.

Billing Information

Email Address _____ Phone # _____

Billing Address _____

Billing City & State _____

Billing Zip Code _____

Card Details

Visa Mastercard Discover American Express

Cardholder Name _____

Card number: _____

Expiration Date ____ / ____ CVV _____

I acknowledge that the organization of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____ Date _____

Enrolled Child's name: _____ Classroom: _____