



Learning Tree Montessori ACH/Credit Card Authorization

Parent name: _____

Student name: _____

Home address: _____

City: _____ Zip code: _____

ACH information

Name of banking institution: _____

Routing number: _____

Account number: _____

Authorization signature: _____

card information

Name of card: _____

Card number: _____

Expiration date: _____

CVC number: _____

Credit card zip code: _____

I authorize Learning Tree Montessori to charge my credit card every Friday and understand that there will be a 3% credit card fee for any credit card payments

Parent signature: _____ Date: _____

