Electronic Payment Authorization Form



Child's Name:				
Enrollment Deposit a One-time enrollment deposit please only complete this sec	s may be paid by check, casl	h or credit card. For th	ne waitlist fee,	
I will pay my enrollment d information below.	eposit and/or waitlist fee by cr	edit card and am prov	riding my credit card	
Credit Card Number:			Expiration Date (XX/XX):	
Cardholder Name:			CVV (3-digit Code):	
Account Type:	☐ MasterCard	☐ Visa		
Billing Address:				
City, State, Zip:				
Billing Phone:				
I hereby authorize LePort Mo on this form.	ontessori to charge the requir	ed one-time enrollme	ent deposit and/or waitlist fee to	the credit card indicated
Cardholder Signature:			Date:	
2. Tuition Installment P	Payments & Incidental	Charges		
	st be made by ACH direct debit.	Families must provide	ACH debit authorization to cover incle place without your consent.	idental charges (such as
Bank Name:			Account Type:	☐ Checking
Routing Number:				□ Savings
Account Number:				
Account Holder				
Name:				
Account Holder Phone:				
I hereby authorize LePort Mo	ontessori to initiate necessary	direct debits to my c	hecking or savings account indic	ated on this form.
Authorized Signature:			Date:	

Please attach copy of voided check here.

ACH/EPAF Updated 2019-08-15