



Electronic Payment Authorization Form

Child's Name: _____

Parent and Child

One-time payment via credit card to secure enrollment into Parent and Child class at LePort Montessori. Please complete the below section.

Credit Card Number: _____ City, State, Zip: _____

Cardholder Name: _____ Expiration Date (XX/XX): _____

Account Type: ☐ MasterCard ☐ Visa CVV (3-digit Code): _____

I hereby authorize LePort Montessori to charge the required one-time payment fee to the credit card indicated on this form.

Cardholder Signature: _____ Date: _____