

# Recurring Payment Authorization Form

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If you would like to enjoy the convenience of automatic recurring billing, simply complete the Bank ACH withdrawal, or credit card information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your bank, or charge account for the amount indicated and your total charges will appear on your monthly bank/credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

There is a \$3.00 convenience fee in addition to the weekly tuition fee.

## Customer Information:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Email address: \_\_\_\_\_

Child's name(s): \_\_\_\_\_

New billing accountant: \_\_\_\_\_ Update existing accountant: \_\_\_\_\_

Bank Name:	
Bank Account Number (not to exceed 17 digits):	
Bank Routing and Transit Number (required 9 digits):	
Credit Card Number:	
Expiration date:	Billing Zip Code:
Print Name:	
Authorized Signature:	
Payment Amount:	
Frequency of Payment:	

Please give completed form and voided check to the center director, or place in center payment box.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date