



CREDIT OR DEBIT CARD AUTHORIZATION FORM FOR REGISTRATION, TUITION, & EXTENDED CARE

Name of Student(s) _____ Group _____

Name of Parent(s) _____

- I hereby authorize the School to charge my credit/debit card the amount of \$ _____, registration fee for 2017-2018 School year.
- I hereby authorize the School to charge my credit/debit card the amount of \$ _____, on the 20th of every month, from **August 2017 through May 2018**.
- I hereby authorize the School to charge my credit/debit card the amount of \$ _____, Extended Care fee for the month(s) of _____.

Note: All credit/debit card payments will incur a 2% charge applied to each transaction. Past due payments will continue to incur a late charge of \$25.00.

Credit / Debit Card Information: Visa Master Card Discover American Express

Credit/Debit Card No. _____ Expiration Date: _____

Cardholder's Name _____

Cardholder's Signature _____ Date _____

- August 20, 2017
- September 20, 2017
- October 20, 2017
- November 20, 2017
- December 20, 2017
- January 20, 2018
- February 20, 2018
- March 20, 2018
- April 20, 2018
- May 20, 2018

I will submit a monthly payment directly to the School.

Please electronically withdraw the 2017-2018 monthly tuition from my bank account:
***** There are no fees associated with this transaction.**

Account Holder's Name: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Account Holder's Signature: _____ Date: _____