



## Pre-Authorized Monthly Auto Pay

I hereby authorize Kidz Space Enrichment Programs to initiate recurring payments for tuition charges from my:

Discover  Visa  Mastercard  Checking account

Terms and conditions:

1. I understand that these payments will remain in effect for 10 billing periods from August to May or until written notice is received to terminate or change them.
2. I understand that all payments will be deducted on the 20<sup>th</sup> of each month starting on August 20<sup>th</sup> (i.e. August payment is for September and so on).
3. I understand that if I wish to terminate or change my payments in any way, I must give Kidz Space 10 days written notice.
4. Should any automatic payment not be honored at my bank or credit card company for any reason, I understand that I am still responsible for the returned payment and an additional service fee of \$30.00.

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Child's

Name: \_\_\_\_\_ Payment Amount: \$\_\_\_\_\_/mo. Credit Card

Account \_\_\_\_\_ Exp. \_\_/\_\_/VID\_\_\_\_\_

Checking Account \_\_\_\_\_ Routing Number \_\_\_\_\_ Name of Bank \_\_\_\_\_

Account or Card holder Signature: \_\_\_\_\_