



Student Name: _____

Site: _____ Code: _____

School Age Programs - BASES

Authorization Agreement for Automatic Credit Card Payment of Fees

I (we) hereby authorize EdAdvance, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries made in error to my (our)

VISA Mastercard

Amount _____ Monthly Weekly One Time

Amount _____ Monthly Weekly One Time

Credit Card #: _____

Expiration Date: _____ 3 digit Security Code: _____

Name as on Card: _____

Billing Address: _____

Parent/Guardian Email Address: _____

- Credit Card payments are processed on **Friday**, unless there is an unforeseen delay in which case they will be processed the following Monday.
- Recurring Monthly charges will be debited on the last day of the month **prior** to the month of service.
- Recurring Weekly charges will be debited each Friday **before** the week of service.

This authorization is to remain in full force and effect as of the date signed until tuition is paid in full or until EDADVANCE has received written notification from me (or either of us) of its termination in such time and in such manner as to afford you and my financial institution a reasonable opportunity to act on it.

Print Name

Daytime Phone

Signature

Date

For office use only:

Hard Copy Phone Date Received: _____ Form completed & verified: _____ 1st withdrawal: _____

Confirmation Sent: _____ Scanned: _____ Set-up: _____

Days attending: _____ Daily fee: _____ x _____ days = _____ Weekly

x 4 = _____ Monthly

Date	Amt	Date	Amt	Date	Amt	Date	Amt