

Payment Authorization Form

Child Name: _____

Parent/Guardian Name: _____

Phone Number: _____ Email Address: _____

Method of Payment ~ Parent Pay : CHASI : DCFS

Responsible parties will be invoiced on a weekly basis for the previous week of Child Enrichment services. All fees will be charged to accounts on Fridays. Banking holidays may affect the date your account gets hit with our charges (possibly charged on Monday instead of Friday)

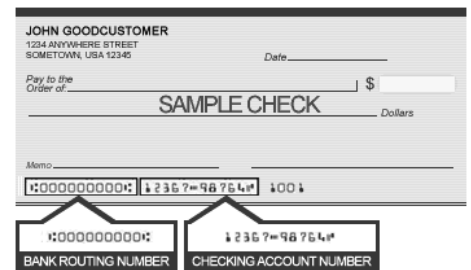
Please complete one of the two payment options:

I am authorizing a weekly Electronic Funds Transfer (EFT) from this account:

Bank _____

Account Number _____

Routing Number _____



I am authorizing a weekly draft from my credit card

Card type: Master Card Visa Discover American Express

Name as it appears on card _____

Card number _____ Expiration date _____

CSC (three-digit security code on back of card) _____

Billing address _____

City, State, Zip Code _____

Payment Default and Consumer Report: All payments are due and payable as agreed. You agree and understand that you shall be responsible for all late fees, collection cost, attorney fees, court cost and any other monies required to secure the sum owed, within the limits of the law.

Parent or Guardian Signature _____ Date: _____

Printed Name: _____