



Student's Name: _____

Guarantor's/Parent's Name (please print): _____

Package/ Price: _____ / _____

Payment Plans

Please initial one of the following options below:

Option 1: _____ Payment once a week (if student comes more than one day a week)

I agree to pay by cash, check, or credit/debit card weekly. I understand that the card will be charged if I do not pay for my child's tutoring sessions by the end of each week when tutoring is provided. **I also understand that the card on file will be charged \$25.00 for any sessions not canceled 24 hours in advance.**

Option 2: _____ Automatic withdrawal (credit or debit)

I agree that Hermitage Learning Center is authorized to charge the credit/debit card to the number below each week. We will notify you by email when charges are made to your card. **I also understand I will be charged \$25.00 for any sessions not canceled 24 hours in advance.**

Option 3: _____ Pre-Payment by Invoice (Before Sessions)

I agree to pay by cash, check, or credit/debit card in advance by invoice for any services rendered. I understand that in the chance that the invoice is not paid before any sessions that Hermitage Learning Center can charge the credit/debit card on file to cover any sessions not paid for. **I also understand I will be charged \$25.00 for any sessions not canceled 24 hours in advance.**

It is our policy to have credit/debit card information on file in our office for all students. **By submitting this form you authorize The Hermitage Learning Center to charge the below credit/debit card per policies and procedures of The Hermitage Learning Center.**

Email (Used for payment notifications): _____

Credit/Debit Card Number: _____

Expiration Date: _____ CVV: _____

I, _____ (GUARANTOR/PARENT) assume responsibility for all charges per the above payment options.

PRINTED NAME: _____

DATE: _____

There is a \$25.00 charge for all no shows and cancellations less than 24 hours.