

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

| I | authorize Empo | owerment Academy of AZ to charge my credit card |
|--------------------------------------|-------------------------|---|
| Child's School Fees. Billing Address | | ech for payment of my Phone# Email |
| | Credit Card Informat | ion & Authorization |
| Account Number Exp. Date CVC Code | ☐ MasterCard ☐ Discover | SIGNATURE I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Empowerment Academy of AZ in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that Empowerment Academy of AZ may at its discretion attempt to process the charge again within 30 days. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form. |