



T2T Center Homework Help / After-School Program
Payment Authorization Form

Today's Date: _____

Student Name(s): _____

1. Payment Options:

Fees may be paid in full or monthly on the 1st of each month

- ☐ Monthly Fee
☐ Transportation Fee

I understand that a late fee of \$15 per day will be automatically incurred on unpaid balances from the 6th day of each month.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

2. Auto Debit/Credit Card:

Full Name on Card: _____

Billing Address: _____

City / Town: _____ State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Debit / Credit Card # _____ Exp: _____ CVV _____

- ☐ I authorize a one-time payment in the amount of \$ _____
☐ I authorize a recurring charge against my card of \$ _____ on the 1st day of each month.

Parent/Legal Guardian Signature: _____

Date: _____