

Auto-Pay Enrollment and Authorization for Tutoring Services

Student Name: _____

I authorize Felicia Forrest of The Literacy Forest to save my card information for the purpose of enrolling in Auto-Pay. Tutoring payments in the amount of _____ will be automatically processed on the 1st of each month using the following information:

Cardholder Name: _____

Card Type: ____ Visa ____ Mastercard Other: _____

Card Number: _____

Expiration Date: _____ Security Code (on the back): _____

Full address associated with the card:

You will receive an invoice payment confirmation each month.

If you need to make a change to your Auto-Pay arrangement, please let me know by the 20th of the month prior. This will give me time to update your invoice in the system.

Parent/Guardian Signature _____

Date _____