



There are two lasting gifts we can give our children:
One is roots and the other is wings.

Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard, American Express or Discover Card. Please complete and sign this form, and either fax it to us (214-368-4060) or scan and email back as an attachment to brian@clairesdayschool.com.

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. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will notified prior to the charge. Please note that the amount may change in accordance with our supply fee schedules. Annual supply fees for MDO are due in September, and semester supply fees for preschool and enrichment classes are due in September and January. Please note that monthly tuition does not change regardless of the actual number of school days in a given month. Charges will occur monthly from September through May.

Please complete the information below:

I _____ authorize **Claire's Christian Day School** to charge my credit card
(full name)

indicated below for **<insert \$>** on the 1st of each **Month** for payment of my **Child's tuition**.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

- | | |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Claire's Christian Day School** 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Claire's Christian Day School** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$30** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account 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.