



## 2023-2024 Credit Card Payment Authorization Form for Preschool Families

Schedule your payment to be automatically 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), and your payment is always on time (even if you're out of town), eliminating late charges.

### Here is How Recurring Payments Work:

You authorize scheduled charges to your credit/debit card as indicated below. You will be charged the amount and frequency as indicated below. 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 15 days prior to the payment being collected.

Please complete the information below:

I, \_\_\_\_\_, authorize First Presbyterian Church of Allentown to charge my credit/debit card indicated below for payment of my child's 2023-2024 preschool fees.

Child's Name(s): \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

| Amount & Frequency                                                                                               | Credit Card Information                                           |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Registration Fee \$ _____<br>(\$60/student or \$40 per child if siblings are enrolled.) | <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard |
| -----                                                                                                            | <input type="checkbox"/> AMEX <input type="checkbox"/> Discover   |
| <input type="checkbox"/> Tuition (one-time) \$ _____                                                             | Cardholder Name _____                                             |
| <input type="checkbox"/> Reoccurring Tuition (15 <sup>th</sup> of each month) \$ _____                           | Account # _____                                                   |
| Start Date: _____ # Months: _____                                                                                | Exp. Date _____                                                   |
| Monthly: 2-day, \$160; 3-day, \$185; 4-day, \$220; 5-day, \$245                                                  | CVV# _____                                                        |
| -----                                                                                                            |                                                                   |
| <input type="checkbox"/> Late Fee (\$10 per month) \$ _____                                                      |                                                                   |
| -----                                                                                                            |                                                                   |
| To be charged only when my child attends:                                                                        |                                                                   |
| <input type="checkbox"/> Early Drop Off (\$5/day)                                                                |                                                                   |
| <input type="checkbox"/> Lunch Bunch (\$10/day)                                                                  |                                                                   |
| <input type="checkbox"/> Stay & Play (\$20/day)                                                                  |                                                                   |
| <input type="checkbox"/> Mindful Movement (\$15/day)                                                             |                                                                   |
| -----                                                                                                            |                                                                   |
| <input type="checkbox"/> Other _____ \$ _____                                                                    |                                                                   |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify First Presbyterian Church of Allentown 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 First Presbyterian Church of Allentown may at its discretion attempt to process the charge again within 30 days and agree to an additional \$15.00 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.