

## Recurring Payment Authorization Form

Bynum School offers the convenience of automatic recurring billing and payment service. Simply complete the information below, sign and return the form. All requested information is required. Upon receipt of your signed form, we will automatically bill your credit/debit card for the monthly tuition and after care charges. These will appear either on your monthly credit card statement or be reflected in your bank account. Please contact us with any changes to information pertaining to these payment methods.

### Customer Information

Customer \_\_\_\_\_

Contact name \_\_\_\_\_ Account number \_\_\_\_\_

Email address \_\_\_\_\_ Phone ( ) - Ext: \_\_\_\_\_

### Payment Information

I authorize \_\_\_\_\_ Bynum School \_\_\_\_\_ to automatically bill the card listed below as specified:

Product/service description \_\_\_\_\_ 2020-2021 Tuition, Fees and After Care Charges \_\_\_\_\_

Recurring amount \_\_\_\_\_

Frequency ☐ Once ☐ Daily ☐ Weekly ☐ Twice/month ☐ Monthly ☐ Twice/year

Start on \_\_\_\_\_ August / 10 / 2020 \_\_\_\_\_ End on: ☒ May / 10 / 2021 \_\_\_\_\_  
 Month Day Year (check one) Month Day Year

☐ No end date

### Credit Card/Debit Card Information (to be completed by customer)

Card type ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other \_\_\_\_\_

Cardholder name \_\_\_\_\_ Cardholder ZIP Code \_\_\_\_\_  
 (as shown on card) (from credit card billing address)

Card number \_\_\_\_\_ Security Code: \_\_\_\_\_ Expires \_\_\_\_\_ / \_\_\_\_\_

☐ Notify me via email when my credit/debit card is charged. (Make sure email address above is correct.)

Customer's signature \_\_\_\_\_

Date \_\_\_\_\_