



Recurring Tuition Payment Authorization Form

All enrolled families are required to enroll in a recurring payment plan for monthly tuition, cash and checks will no longer be received in the classroom.

Here's How Recurring Payments Work:

- You authorize regularly scheduled charges to your checking/savings or credit card account.
Monthly invoices will be emailed to you one week prior to your payment due date.
Scheduled payments will be automatically deducted on the 1st of each month for the total amount due for that month.
A receipt will be emailed to you and the charge will appear on your bank or credit card statement.
There is a \$35.00 fee for payments that do not clear on the given pay schedule.
Bank account transactions will require you to turn in a voided check with this completed form.
Credit card transactions are subject to a 3% processing fee added to your monthly statement(s).

Please complete the information below:

I \_\_\_\_\_ authorize Ka Hana Pono Daycare and Preschool to charge my checking / savings or credit card account indicated below on the 1st of each month for payment of my child(ren)'s tuition.

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. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. I certify that I am an authorized user of this account and that I will not dispute the scheduled payments provided the transactions correspond to the terms indicated in this authorization form.

Enrolled Children's Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Checking / Savings Account

Type of Account (Circle One): Checking Savings

TURN IN THIS FORM ALONG WITH A VOIDED CHECK FROM THE BANK ACCOUNT INDICATED BELOW

Name on Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Bank Routing Number: \_\_\_\_\_

Bank City, State: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Credit Card Charge

Type of Credit Card (Circle One): Visa MasterCard Discover American Express

Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_