



AUTOMATIC MONTHLY PAYMENT ENROLLMENT FORM 2019-2020

Name: _____ Date: _____
(Please print)
Address: _____ Phone: _____
City/State/Zip: _____
Email: _____

I authorize the Kaplen JCC on the Palisades to receive scheduled automatic payments of \$ _____ per month totaling \$ _____

Choose one option below:

- 8 Equal Monthly Payments scheduled for the 10th of each month starting 9/10/19 and ending 4/10/20.
- 8 Equal Monthly Payments scheduled for the 25th of each month starting 9/25/19 and ending 4/25/19.

I authorize the Kaplen JCC on the Palisades to receive automatic payments from:

- EFT/Checking account (please use account currently on file for the 2018-19 school year)
- EFT/Checking account (**please attach a voided check**)
For returning families only:
- Credit Card

Primary Credit Card Information:

Name on card: _____
 Visa MC AMEX _____ Expires _____ CCV# _____

Secondary Credit Card Information:

Name on card: _____
 Visa MC AMEX _____ Expires _____ CCV# _____

If you choose a monthly bank withdrawal, please provide one credit card to be used only if any scheduled withdrawal fails due to insufficient funds.

TERMS AND CONDITIONS:

- If using a credit or debit card for payments, a non-refundable 3% service fee will be charged per transaction. There is no service fee to use a checking account.
- Should my financial institution not honor an authorized payment, I understand that I am responsible for payment, plus a service fee of \$25, in addition to any other service fee charged by my financial institution.
- I understand that it is my responsibility to notify the JCC in writing immediately should my financial institution and/or account information change.
- If I am two months or more in arrears on my payments to the Music School, the JCC reserves the right to charge my credit card on file for all delinquent amounts. In addition, I understand that participation privileges are subject to suspension.

I have read and agree to the terms and conditions on this form.

Signature: _____ Date: _____

Office Use Only:

Account Number _____

Verbal Authorization

Staff Signature: _____

