

Recurring Tuition Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account or charged to your credit card. Just complete and sign this form to get started!

Please complete the information below:

I (name as it appears on bank account or credit card) authorize Pumpkin Patch Child Care of Southington, Inc. d/b/a Town & Country Early Learning Centers to deduct from my bank account, or charge to my credit card indicated below for tuition payments.		
*Monthly: DEFT *Clients will receive	Credit Card (Payments a Credit Card e an invoice on the first MOND o the first FRIDAY of each mon	are drafted/charged on MONDAYS) AY of the month for the month's tuition. Payments are th. Payment is determined by the number of Mondays
Billing Address		Phone#
City, State, Zip		Email
Checking/ Savings Account		Credit Card
☐ Checking Name on Acct	☐ Savings	
Bank Name		
Bank Name		Cardholder Name
Bank Name Bank Routing #		
Bank Name Bank Routing # Account Number		Cardholder Name

SIGNATURE

DATE ____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Pumpkin Patch Child Care of Southington, Inc. d/b/a Town & Country Early Learning Centers 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Pumpkin Patch Child Care of Southington, Inc. *d/b/a* Town & Country Early Learning Centers may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 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 uthorized 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.