

AUTHORIZATION FORM



FOR OFFICE USE ONLY	STUDENT #	DATE
Effective date of authorization: ____/____/____ Name of student(s) _____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name		First Name
Address		
City	State	Zip
Email		Phone #
Tuition Payment Plan (please check one): <input type="checkbox"/> Weekly (Aug through June) <input type="checkbox"/> Monthly (Sept through May)		
Date of first payment: ____/____/____ (mm/dd/yy) Date of last payment (optional): ____/____/____	Miscellaneous Fees <input type="checkbox"/> Lunch Bunch <input type="checkbox"/> Activities Fee <input type="checkbox"/> Registration/Reenrollment <input type="checkbox"/> Other Fees	Amount of first payment: \$ ____ Amount of ongoing payment: \$ ____ Amount of last payment (optional): \$ ____
Credit Card / Bank Account Information	I (we) hereby authorize Open Arms to initiate credit card charges to the below-referenced credit card account (section A) or initiate debit entries to my (our) checking, indicated below (Section B). <u>To properly affect cancellation of this agreement, I (we) are required to give 10 business days written notice (initial)().</u> (Credit union members: please contact your credit union to verify account and routing numbers for automatic payments).	
	Section A - Credit Card (Note – a 2% service fee will be applied) Cardholder Name _____ Account Number _____ Expiration Date _____ Cardholder Signature _____ Date _____	
	Section B - Bank Account – Via Vanco, debit payments: Checking Account (attach a voided check) Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="text-align: center;"> </div>	
	I authorize Open Arms to charge my checking/credit card account indicated in this authorization form. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	

If using a checking account, please attach a voided check at the bottom of this page.