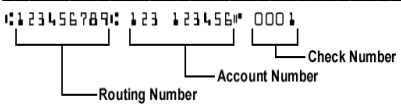




# PAYMENT AUTHORIZATION

KUMON OF GILBERT

**PLEASE NOTE THAT YOUR REQUEST WILL PROCESS WITHIN 1 TO 5 BUSINESS DAY.**

Effective date of authorization: ____/____/____		Student(s): _____	
Type of Authorization Form: <input type="checkbox"/> New Authorization		<input type="checkbox"/> Discontinue Electronic Payment	
<input type="checkbox"/> Change payment amount		<input type="checkbox"/> Hold electronic payment	
<input type="checkbox"/> Change banking information		<input type="checkbox"/> Resume electronic payment on ____/____/200__	
Parent/Guardian Last Name		Parent/Guardian First Name	
Address			
City		State	Zip
<b>TUITION PAYMENT INFORMATION:</b>			
Date of first payment: ____/____/____		Date of monthly payment: <input checked="" type="checkbox"/> Monthly on the 1 <sup>st</sup>	
		<input type="checkbox"/> [ ____ - ____ - ____ ]	
		Amount of first payment*: \$ _____	
		Amount of monthly payment: \$ _____	
*Registration fees & 1 <sup>st</sup> month tuition			
<b>CHECKING / SAVINGS</b>	Please debit payment from my (check one):		Routing Number: _____
	<input type="checkbox"/> Savings Account <input type="checkbox"/> Contact your financial institution for Routing # <input type="checkbox"/> Checking Account <input type="checkbox"/> Staple a voided check below		Account Number: _____ 
<b>CREDIT CARD</b>	Please charge my payments to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard		
	Credit Card Number: _____		Expiration Date: _____
	Name on Card: _____		
	Billing Address (if different from above): _____		
<b>LUMP SUM</b>	Please chose your option (check one): <input type="checkbox"/> 4 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months		
	Date of First Payment: _____		Amount: _____
	Date of Last Payment: _____		
	Renewal Date: _____		

I agree to the terms and conditions of this payment authorization form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_