



ELECTRONIC PAYMENT INFORMATION
Electronic Funds Transfer/Recurring Credit Card Payment Form

You may choose to pay monthly tuition fees by Electronic Funds Transfer from a specified checking or savings account OR by a Recurring Credit/Debit Card payment with a Visa, MasterCard, Discover Card or American Express. For new or returning students, the registration fee and first months tuition plus any past due amount must be submitted by check, cash, or credit card with this authorization form. You may opt out of paying your tuition by Electronic Payment by paying tuition six months in advance today.

Today's Date: _____ Monthly Tuition: _____

Child's Name: _____ Class Enrolled: _____

Action you wish to take:

New Enrollment in EFT **Change** to Existing Authorization/Update **Cancel** EFT Payment

Please check here if your child is dropping from the Capital Elite Program. Please let us know why your child is leaving the Capital Elite Program:

Please choose one of the following options for your monthly tuition payments.

Electronic Funds Transfer (EFT) Information

Account Holders Name: _____ Phone Number: _____

Bank Name: _____ Account Type: Checking Savings

ABA Routing Number (9 digits): _____ Bank Account Number: _____

Return this form with a voided check (checking account) or deposit slip (savings account) and initial payment and/or including any past due amounts.

Recurring Credit/Debit Card Payment (Visa, MasterCard, Discover or American Express)

Cardholder Name: _____ Billing Phone Number: _____

Cardholder Billing Address: _____

Card Type: Visa MasterCard Discover American Express

Card Number: _____ Expiration Date: _____

Name as it appears on card: _____

Cardholder Signature: _____

I authorize Capital Elite All Stars on the 30th day of each month to charge the above credit/debit card or initiate a debit entry to my checking or savings account from the financial institution indicated above. In the event of a holiday, withdrawal will occur on the next business day. I understand that in the event the transaction is rejected due to insufficient funds, a \$25 service charge will be added to my account. I authorize Capital Elite All Stars to adjust my monthly tuition fee at a future date should my child's enrollment change. I authorize Capital Elite All Stars to issue a credit to my account listed above if necessary. I also understand that my child will be automatically enrolled each month and tuition will be withdrawn each month until I give written notification at least 15 days in advance to discontinue the EFT/Recurring Credit/Debit Card Payment.

Account Holder's Signature: _____ Date: _____