



Auto Pay Form

Member No.	Family Name		
Street	City	State	ZIP
Home Phone	Work Phone		

Programs

Name	Program	
Cost	Deposit	Balance Due
Name	Program	
Cost	Deposit	Balance Due
Name	Program	
Cost	Deposit	Balance Due
Name	Program	
Cost	Deposit	Balance Due
Name	Program	
Cost	Deposit	Balance Due
Name	Program	
Cost	Deposit	Balance Due
		Total Due

- I understand and authorize the balance to be paid in installments on the 15th day of the month, automatically deducted, without interest, from the checking account of the voided check attached. I understand no administrative fee applies.
- I understand and authorize the balance to be paid in installments on the 15th day of the month, automatically deducted, without interest, from the credit card listed below. I understand there is a \$5.00 administrative fee per credit card per installment.
- To avoid automatic withdrawal, payments need to be received 3 business days prior to the 15th day of the month.
 - If your payment fails to clear bank processing, a \$25.00 overdraft charge will be added to your account.
- Visa MasterCard

Card Number	Exp. Date	Signature
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Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligation set forth in the Cardholder's agreement with the Issuer.

September \$	October \$	November \$	December \$	January \$
February \$	March \$	April \$	May \$	

The staff will explain our monthly billing process.	Date	Staff Initials
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