

The Learning Academy  
First United Methodist Church Garland  
801 West Avenue B  
Garland, TX 75040  
972-494-3096

**RECURRING PAYMENT PLAN AUTHORIZATION FORM**

Day(s) of the month & amount to be debited:

- Weekly Tuition \$ \_\_\_\_\_ debited each Friday or Monday (Circle one)
- Biweekly Tuition \$ \_\_\_\_\_ debited twice a month (Fridays or Mondays)
- Monthly Tuition \$ \_\_\_\_\_ debited on the 1<sup>st</sup> of each month.

**CREDIT CARD PAYMENT AUTHORIZATION**  
(Please Print)

I authorize The Learning Academy to initiate recurring credit/debit payments to the below referenced credit/debit card account for the purpose of collecting childcare related payments. I authorize The Learning Academy to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize The Learning Academy to use the third party sender, Authorize.net, to process all payments. I understand tuition will be charged according to my chosen payment schedule unless otherwise noted above.

Student Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Type (Circle): Visa    MasterCard    Discover

Credit/Debit Card Number: _____	Expiration Date: _____
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This authorization will remain in full force and effect until I notify The Learning Academy in writing of termination. I acknowledge and agree to the above financial policy.

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