

## **Payment Authorization Form**

I	authorize Chagrin Townsend Learning Center to
charge my credit/debit card or bank account indica	ted below on a monthly basis for payment of tutoring
services rendered	
*CHECK ONE	
lue on the date of the invoice or	
☐ 14 days after invoice date if the invoice has not	already been paid by check or ACH
Card information	
Cardholder (name on card)	Expiration Date
Card number	CCV
*	*or*
	1
Bank information	
Name on account	Bank Name
Account number	Routing Number
*Billing address	
Street address	
City	Zip code
that the payments may be executed on the next business day. For ACH debits to my these funds may be withdrawn from my account as soon as the above noted periodic	ext billing date. If the above noted payment dates fall on a weekend or holiday, I understand checking/savings account, I understand that because these are electronic transactions, transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient on attempt to process the charge again within 30 days, and agree to an additional \$10 on from the authorized recurring payment. I acknowledge that the origination of ACH I am an authorized user of this credit card/bank account and will not dispute these
Customer Signature	 Date

Please print and return to Chagrin Townsend Learning Center 86 N. Main Street | Chagrin Falls, OH | 44022 or via email to jeff@chagrintownsend.com