



PRESCHOOL

Automatic Payments

(Electronic Transfer of Funds for payment)

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBITS TO MY CREDIT/DEBIT CARD ACCOUNT

2020 – 2021 School Year

In order to process payment of my amounts owed to A Children's Village, I hereby authorize West U Baptist Church of Houston/Crosspoint Church of Bellaire (hereby referred to as The Church) to initiate debit charges to my credit/debit card account indicated herein.

Beginning with the next available month, **the full amount of tuition owed** will be charged to my credit/debit card account on the 1st business day of that month, in accordance with the payment schedule in the A Children's Village handbook. This amount represents payment for **my child(ren) listed below**:

- 1. _____ 2. _____ 3. _____
- (child's name) (child's name) (child's name)

This agreement is to remain in full force and effect for the school year indicated above, or until The Church Business Office has received written notification from me (or my child's second parent/guardian) of termination of the agreement. If the credit/debit card account information should need to change, a new agreement must be filled out and signed, noting the new agreement as a replacement of this agreement. If for any reason I cancel the credit/debit card indicated herein, I will notify The Church immediately. Any notice of termination of the agreement, or credit/debit card account change or cancellation must be submitted to The Church Business Office, in such time and in such manner as to afford The Church and its bank a reasonable opportunity to act upon such instructions (minimum of 2 weeks' notice required).

Written notifications are to be sent to:

West U Baptist Church
6218 Auden
Houston, TX 77005
ATTN: Business Office
Or faxed to: 713-668-9913

As long as this agreement is in effect, it implies that I will maintain sufficient funds to cover the monthly amount indicated, in accordance with the payment schedule indicated. Failure to do so will be treated the same as issuing a check with nonsufficient funds, and I will be responsible to pay a declined payment fee of \$25. If I cancel the credit/debit card indicated herein and I fail to notify The Church in a timely manner that such card was canceled, and an attempted debit is returned to The Church, it will be treated the same as issuing a check with nonsufficient funds, and I will be responsible to pay a declined payment fee of \$25. One nonsufficient funds occurrence could terminate this agreement, at the will of The Church.

Card Information

(All information below required)

Visa MC Disc Amex Card#: _____ Exp. Date: _____
(mm/yy)

Name on Card: _____

Billing Address: _____

Street Address Apt/Unit City, State Zip Code

Signature of Cardholder _____ Date _____