

IMPACT CREDIT/ACH AUTHORIZATION FORM

Student Name: _____

Parent Name: _____

THERE MUST BE A CARD ON FILE, YOU MAY ALSO PAY VIA CHECK OR CASH, HOWEVER AFTER THE 5 TH OF THE MONTH THE CARD/BANK ON FILE WILL BE AUTOMATICALLY CHARGED. IF THE PAYMENT DOES NOT CLEAR THERE WILL BE A LATE FEE OF \$10 ADDED

Please choose one of the following payment methods:

Credit Debit Card

Name as it appears on the Debit/Credit Card: _____

Credit Card Type: Visa Mastercard American Express

Card Number: _____

Expiration Date: _____ CSV Number _____

I authorize Impact Creative Arts Academy to withdraw funds from this account.

Signature: _____ Date: _____

All tuition is due by the 1st the Month. By signing below I understand that if tuition is not paid by the 5th of each month, I am subject to a \$10.00 late of fee. If a check returns or payment doesn't clear, you will be subject to a \$25.00 fee. If your child wishes to discontinue lessons at Impact Creative Arts Academy, you MUST provide a written notice 15 days prior to the beginning of a new month. There will be NO REFUNDS under any circumstances.

Signature: _____ Date: _____