



Recurring Payment Authorization Form

Schedule your payments to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your bank or credit card statement.

Please complete the information below: Childs Name: _____

I _____ authorize The Goal Program to charge/debit my account
(full name)

indicated below on the **Monday** of each week for payment of my Afterschool Service. C

Total Due: _____

Payment Frequency: _____

Start Date: _____

End Date: _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

Checking Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____

Routing Number _____

Credit Card

Visa MasterCard
 Amex Discover
Cardholder Name _____
Account Number _____
Exp. Date _____
CVV (3 digit number on back of card) _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Goal Program in writing of any changes in my account information or termination of this authorization at least 7 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Nonsufficient Funds (NSF) I understand that The Goal Program will process the charge again within 2 business days, and agree to an additional \$10 charge for each attempt returned NSF which will be added to the current bill. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute the scheduled transactions with my bank or credit card Company; provided the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____