

For Office Use Only

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Family Name: _____

331 Gambrills Road Suite 1 • Gambrills, MD 21054 • P: (410)923-7575 • F: (410)923-2250

Recurring Payment Plan Authorization Form

Bank Account or Credit/Debit Card

Schedule your payment to be automatically deducted from your checking/savings account, or charged to your Visa, MasterCard, American Express or Discover debit/credit card. **A voided check should be attached for checking accounts.**

Here's how the Recurring Payment Plan works:

You authorize regularly scheduled charges to your checking/savings account or credit/debit card. You will be charged the total amount due for each billing period. Payment is automatically debited from your account and credited to your RSA tuition account.

I, _____, authorize Right Start Academy to charge the financial account listed below for tuition payments, including any fees associated with late payments, for my child(ren) _____.

WEEKLY PAYMENTS

OR

BI-WEEKLY PAYMENTS

CREDIT/DEBIT CARD FEE SCHEDULE*

\$ _____ Tuition Child 1
\$ _____ Tuition Child 2
\$ _____ Credit/Debit Card Fee*
\$ _____ TOTAL

\$ _____ Tuition Child 1
\$ _____ Tuition Child 2
\$ _____ Credit/Debit Card Fee*
\$ _____ TOTAL

Payment Amount	Fee Required	Payment Amount	Fee Required
\$10 - \$100	\$3.00	\$251 - \$350	\$10.00
\$101 - \$175	\$5.00	\$351 - \$450	\$13.00
\$176 - \$250	\$7.00	\$451 - \$600**	\$16.00

**Amounts over \$600 will be 3% of total amount charged

*Credit and debit card payments ONLY. Do not include if using a bank account to pay tuition.

Total amount to be withdrawn: \$ _____ **Weekly** or **Bi-Weekly** starting on _____ (date).

Billing Address _____ City, State, Zip _____

Contact Phone# _____ Email: _____

Checking/ Savings Account

Credit/Debit Card *(Fees Apply)

Checking Savings


Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

CID #(4 digit # - Amex ONLY) _____

ACCOUNT HOLDER'S SIGNATURE _____ DATE _____

I authorize the amount listed on this form, including any fees for late payments, to be withdrawn from the account listed above. I agree to notify RSA in writing of any changes in my account information or termination of this authorization at least 7 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute RSA's recurring billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.