

Child's First & Last Name: _____

WILKINS LEARNING CENTER
AUTOMATIC PAYMENT AUTHORIZATION FORM
Preschool / PreK

Full Name on Account: _____ Email: _____

Address: _____ City: _____ Zip _____ Phone: _____

*** PRIMARY PAYMENT INFORMATION - Deduction from Checking Account (ACH)**

Bank Name: _____

Checking Account #: _____ Routing #: _____

*** SECONDARY PAYMENT INFORMATION - Charge to Debit/Credit Card**

Bank: _____ Type: Visa M/C Discover AmEx

Card #: _____ Exp. Date: _____ CVV _____

- 1) I authorize Wilkins Learning Corporation to initiate the automatic withdrawal transactions on my checking account indicated under Primary Information for my child's posted:
 - a. Preschool / PreK Monthly Tuition **OR**
 - b. Weekly Tuition if enrolled in PLUS Program (*Extended Learning Hours*).
- 2) I authorize the financial company named above to process said transactions.
- 3) I agree that the transaction date will be either:
 - a. On the 5th of each month for Monthly Tuition transactions **OR**
Note: If the 5th falls on a weekend, transaction takes place on the following Monday.
 - b. Monday for Weekly Tuition transactions (charged on Monday for previous week-in arrears)
Note: Holidays do not affect Monday transactions.
- 4) I will notify WLC immediately if and when bank account or debit/credit card information changes to avoid any late fees or penalties.
- 5) If Monthly/Weekly transaction declines, I authorize WLC to use Secondary Information to collect funds and add \$5 to tuition due for the inconvenience.
- 6) If ACH information is not an option and credit card must be charged instead, I understand that a 3% fee will be added to each charge.
- 7) If both Primary & Secondary transactions decline, I understand I will be contacted by WLC billing for another payment method to acquire payment due along with \$15 late payment fee.

Cardholder Signature: _____ **Date:** _____

Printed Name: _____

ADMIN: Effective Date: _____ Tuition Amount: _____ Reg Fee: _____