



Recurring Tuition Payment Authorization Form

All enrolled families are required to enroll in a recurring payment plan for monthly tuition, cash and checks will no longer be received in the classroom.

Here's How Recurring Payments Work:

- You authorize regularly scheduled charges to your checking/savings or credit card account.
• Monthly invoices will be emailed to you one week prior to your payment due date.
• Scheduled payments will be automatically deducted on the 1st of each month for the total amount due for that month.
• A receipt will be emailed to you and the charge will appear on your bank or credit card statement.
• There is a \$35.00 fee for payments that do not clear on the given pay schedule.
• Bank account transactions will require you to turn in a voided check with this completed form.
• Credit card transactions are subject to a 3% processing fee added to your monthly statement(s).

Please complete the information below:

I _____ authorize Ka Hana Pono to charge my checking / savings or credit card account indicated below each month for payment of my child(ren)'s tuition.

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. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. I certify that I am an authorized user of this account and that I will not dispute the scheduled payments provided the transactions correspond to the terms indicated in this authorization form.

Enrolled Children's Names: _____ Phone: _____

Billing Address: _____ Email: _____

Checking / Savings Account

Type of Account (Circle One): Checking Savings

TURN IN THIS FORM ALONG WITH A VOIDED CHECK FROM THE BANK ACCOUNT INDICATED BELOW

Name on Account: _____ Bank Name: _____

Account Number: _____ Bank Routing Number: _____

Bank City, State: _____

SIGNATURE: _____ DATE _____

Credit Card Charge

Type of Credit Card (Circle One): Visa MasterCard

Name on Card: _____ Billing Address: _____

Credit Card #: _____ Expiration Date: _____ Security Code: _____

SIGNATURE: _____ DATE _____