



Auto Pay Agreement

**Please read carefully
and initial each section**

_____ Billing is **automatic**. Your card on file will be debited beginning on the **26th** of every month for the next month's tuition and any other outstanding charges.

_____ If you pay your balance in full by cash, check, or other credit card before the payment date (the 26th of each month), your card on file will not be charged. Please make your check payable to Encore, and indicate your child's first and last name.

_____ You will be charged **\$25 for each check that is returned** unpaid by your bank, for any reason.

_____ If you are not going to continue with classes you must fill out and turn in **ENCORE's Drop Notice Form by the 24th** of the month in order for us to cancel your enrollment for the upcoming month session and remove you from our AUTOPAY system. Drop Notices can be obtained at the front desk as well as online. If you fail to do so a **\$20 late processing fee** will be deducted from any refund of remaining tuition.

_____ Any refunds will be limited to one month of tuition, less processing fee. No refunds will be granted for class dates already past. Drop notices are not accepted retroactively.

_____ Please note that your account must be paid in full upon submission of Drop Notice, or your credit card will be debited immediately for any outstanding balance.

Auto Pay Agreement

OFFICE USE ONLY: CN CL

All students listed will continue in their current classes. For transfers please see the front desk.

Student #1 Name: _____ Student #2 Name: _____

- I am changing/updating my credit card on file. Student #3 Name: _____
 I am changing/updating my billing address on file.
 I am changing/updating my credit card expiration.

Card Holder Name: First _____ Last _____ Relation to student _____

Phone _____ Card Holder Email(for e-receipts) _____

Billing Address: Street _____ City _____ Zip _____

Type of Card Visa MasterCard American Express Discover

Card Number _____ Expires ____/____

Card Holder Signature _____

I have read the Auto Pay Agreement and by signing this form I agree to all points outlined on reverse.

I have received a copy of these points for my records.

Signature _____

Date _____



Auto Pay Agreement

Please Read Carefully
Keep this copy for your records

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