



Capital Region Language Center
Connecting you to the world through language
info@crlcalbany.org
www.crlcalbany.org

Capital Region Language Center Tuition Payment Option Form (POF)

Student Name _____ Date _____

Parent /Guardian (if applicable): _____

Registering for Session / Dates: _____

Payment Options (please initial):

_____ I am paying in full for this session by check in advance of the session start date.

_____ I am paying in full for this session via the Intuit PaymentNetwork in advance of the session start date.

_____ I am paying in full for this session by credit card in advance of the session start date.*

_____ I am paying monthly by credit card.**

Please fill out credit card information below for either credit card payment option.

Account Type: <input type="checkbox"/> Visa				<input type="checkbox"/> MasterCard		<input type="checkbox"/> AMEX		<input type="checkbox"/> Discover	
Cardholder Name _____									
Account Number _____									
Expiration Date _____				Zip Code _____					
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____									

*I authorize Capital Region Language Center to charge my credit card for \$_____.

Signature: _____

Date: _____

****Credit Card Recurring Payment Authorization Form**

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged the amount indicated below each billing period. A receipt will be emailed to you and each charge will appear on your statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.



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You also understand that you are making a commitment to pay for a full session of language classes, per your invoice, even if you are unable to complete the session for any reason. Should you agree to continue your classes beyond the initially agreed upon dates, a new invoice will be issued and payments will continue as authorized.

Please complete the information below:

I _____ authorize Capital Region Language Center to charge my credit card
full name

indicated above for \$ _____ on the first of each month for payment of my language school tuition.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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 15 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. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form. Should this draft not be honored by my credit card company for any reason, I realize that I am still responsible for paying fees or any charges assessed to CRLC associated with the return or decline of my EZ Pay transaction.

SIGNATURE _____

DATE _____