

****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!

This is How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express, or Discover card. Each billing period you will be charged the amount indicated below. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us, via your email, prior to the payment being collected.

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. Additionally, you are automatically registered for the subsequent course provided that the schedule remains the same. If your plan is to NOT continue with the language course, you will let your instructor and CRLC know, in writing, no less than two weeks prior to the next credit card payment date. You understand that language lessons and sessions continue, without interruption. You will be sent an invoice at least two weeks prior to the end of your session date. **Please complete the information below:**

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

indicated above for \$ _____ on the (circle) **FIRST** or **FIFTEENTH** of the month beginning (month)

_____ for payment of my language school tuition.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

I authorize Capital Region Language Center (CRLC) 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