

LITTLE LITES CHRISTIAN LEARNING CENTER

3200 Sutro Street
Reno, NV 89512
775-229-2675 – Call/Text

Automated Recurring Billing (ARB) Authorization Form

Schedule your tuition payment to be automatically deducted from your bank account, or charged to your VISA Debit Card, VISA or MasterCard. Just complete and sign this form to get started!

Automated Recurring Billing Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time, which keeps your child's tuition account up to date & current

Here's How Automated Recurring Billing Work:

You authorize regularly scheduled charges to your checking/savings account or debit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." 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.

Please complete the information below:

I _____ authorize **Little Lites CLC** to charge my credit card
(full name)

indicated below for \$ _____ on the _____ of each _____ for payment of my child's Little Lites Christian Learning Center tuition.

Billing Address _____


Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____
Bank City/State	_____



The diagram shows a routing number '222222222' circled in purple and an account number '000 111 555* 102?' circled in orange. Labels 'Routing Number' and 'Account Number' are placed above their respective circles.

Credit Card

<input type="checkbox"/> VISA Debit	<input type="checkbox"/> MasterCard
<input type="checkbox"/> VISA	
Cardholder Name	_____
Account Number	_____
Exp. Date	_____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **LITTLE LITES CLC** 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **LITTLE LITES CLC** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.