

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 charged to your credit or debit card. Just complete and sign this form to get started!

Automated recurring billing will make your life easier:

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

Here's how automated recurring billing works:

You authorize regularly scheduled charges to your credit/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.

Please complete the information below:

I _____ authorize Little Lites CLC to charge my credit/debit card indicated

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

Email address for receipt _____

Credit/Debit Card

Cardholder Name _____

Card Number _____

Expiration 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 payment date falls on a Friday/weekend or holiday, I understand that the payment may be executed on the next business day. 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. 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/debit card and will not dispute these scheduled transactions with my bank or credit card company.

SIGNATURE _____ DATE _____