



AUTOMATIC PAYMENT AUTHORIZATION FORM

KAPLEN JCC on the Palisades TAUB CAMPUS | 411 E CLINTON AVE, TENAFLY, NJ 07670 | P 201.408.1467 | F 201.569.7448 | jccotp.org

Name _____ Date _____

Address _____

City _____ Zip _____ Phone _____

Email _____

I AUTHORIZE THE KAPLEN JCC ON THE PALISADES TO RECEIVE AUTOMATIC PAYMENTS FROM:

Credit Card Checking account (please attach a voided check)

PLEASE CHECK ONE:

- Monthly Payments on the 10th of every month
- Monthly Payments on the 25th of every month
- Onetime payment on the following date: _____ (must be before child's first day)

KIDS CLUB TUITION: \$ _____

PRIMARY CREDIT CARD INFORMATION:

Name on Card _____ Visa MC AMEX

Credit Card # _____ Expiration Date _____ CCV# _____

SECONDARY CREDIT CARD INFORMATION:

Name on Card _____ Visa MC AMEX

Credit Card # _____ Expiration Date _____ CCV# _____

TERMS AND CONDITIONS

- Monthly payments will be processed September 2017 through June 2018. If using a credit card or debit card for payments, a non-refundable 3% service fee will be charged per credit card payment. There is no service fee to use a checking account.
- If your financial institution does not honor the payment, you are responsible for payment and a service charge not to exceed \$25 in addition to any service fees charged by your financial institution.
- It is your responsibility to notify the JCC in writing of any changes in your account information. If you are two months or more in arrears on payments your privileges will be suspended.

I have read and agree to the terms and conditions on this form.

Signature _____ Date _____

OFFICE USE ONLY

Member Account Number _____ Verbal Authorization

Number of Payments _____ Amount of Each Payment _____ Start Date _____ End Date _____

Staff Signature _____