

**Cooperative Educational Services
40 Lindeman Drive
Trumbull, CT 06611
#203-365-8200**

Recurring Payment Authorization Form

I _____ authorize Cooperative Educational Services to charge my credit card indicated below for \$ _____ on the **Monday** of each week for payment of my child's (name) _____ tuition.

Billing Address _____
City, State, Zip _____

Phone# _____
Email _____

Credit Card	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
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 Cooperative Educational Services 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.

I am also aware that the funds may be executed from my account at a later date due to unspecified reasons and agree to have the funds available for withdrawal. If the funds are not available for withdrawal, I agree to have the additional charge of \$15.00 (declined/late fee) automatically withdrawn from my account.

I certify that I am an authorized user of this credit card 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.