

ALL ANGELS ACADEMY AUTOPAY AGREEMENT

First Name	Last Name	Date of Birth
Bv		
Phone-Home	Cell	E-mail
Current mailing address	City	State
		Zip Code

By signing below, you authorize All Angels Academy to charge the credit/debit card you have provided on a monthly basis. Monthly payments will be withdrawn on or after the same day of each month unless prohibited by the number of days in the month, in which case the fee will be withdrawn the last day of the month. Additionally, you authorize us to charge the credit card on file in lieu of presenting it for any services received at your request.

I hereby authorize All Angels Academy to charge my credit/debit card listed below for tuition or any school related fees. (supply, aftercare, field trips, SMART program, enrichment classes, etc.)			
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
Account Number:	Expiration Date:	CVV:	
Authorized Signature:			

Autopay Agreement

This Agreement is between All Angels Academy and the Parent. Please read carefully and confirm/approve below. **Effective Date of Agreement:** _____

1. Monthly Charge: Parent has elected to pay the \$_____ monthly fee starting on the effective date stated above. Parent understands and acknowledges that the debits will automatically continue through 1 June 2022. **Approve with Initials Here:** _____

2. Obligations of Parent: Parent understands that your credit/debit card information will be monitored by our software system, including the date of expiration. I agree to provide All Angels Academy with updated, current, credit/debit card information. **Approve with Initials Here:** _____

3. Obligations of All Angels Academy: All Angels Academy agrees to only use the credit/debit card information in the ways specified above.

I certify that I have read the Autopay Agreement, and that by signing below, I acknowledge that I understand and agree to be bound by all of the terms and conditions of the Agreement.



ALL ANGELS
ACADEMY

OFFICE: 3050888.9483.FAX:305.885.3887.ALLANGELSACADEMY.ORG
1800 LUDLAM ROAD. MIAMI SPRINGS.FLORIDA.33166

Parent Signature

Date Signed