

SNYP AUTO PAYMENT AUTHORIZATION

Child's (1) Name: _____ Child's (2) Name: _____

Name of Card Holder: _____ Phone # _____

Is this the primary contact number for billing concerns/questions? (YES) (NO) Other Contact _____

I want auto debit on a _____ weekly basis or _____ monthly basis.

The SNYP is offering an automatic payment plan via credit or debit card. Fees will be automatically charged to your Bank or Credit Card Company, eliminating any chance of late payment fees.

1. I understand that I am authorizing the Sunrise Neighborhood Youth Program to initiate debit entries against my Credit/Debit Card. I understand that those funds will be withdrawn according to the schedule described in the parent handbook. I understand that the discount is only given if funds are available on the scheduled date.
2. I understand that should any Credit/Debit Card transaction be denied by my Bank/Credit Card Company that I am still responsible for the fee plus a \$20 service charge applied by the SNYP. This is in addition to any fee that my Bank or Credit Card Company may charge.

<u>Card Type</u> <input type="radio"/> VISA <input type="radio"/> DISCOVER <input type="radio"/> M/C	Credit/Debit Card Number:	Exp. Date:	CCV#
	Credit Card Billing Address:	Zip Code:	

Authorization: I hereby authorize the Sunrise Neighborhood Youth Program (SNYP) to debit the above credit/debit card on the dates indicated depending on whether I am paying weekly or monthly. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur use of this service.

Signature of Responsible Party

Date

Email address: _____

(If an email address is provided, we will send you a receipt after charging your account.)