



Auto Payment (via Credit Card) please complete the information below:

I (we) hereby authorize Knight Tutoring LLC dba Knight Academy to initiate credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

Auto Payment (via Bank Account) please complete the information below:

I (we) hereby authorize Knight Tutoring LLC dba Knight Academy to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name	Phone #		
Address	City	State	Zip
Bank or Credit Union Name			
Bank or Credit Union Address	City	State	Zip
Routing Transit Number	Account Number		
Signature	Date		

PLEASE ATTACH A VOIDED CHECK