

For Office Use Only

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Start Date: _____
Amount: _____
Initials : _____



331 Gambrills Road Suite 1 • Gambrills, MD 21054 • P: (410)923-7575 • F: (410)923-2250

Recurring Payment Plan Authorization Form

Bank Account or Credit/Debit Card

All families are required to enroll in our recurring payment plan for tuition payments. Scheduled payments will be automatically deducted from your checking/savings account, or charged to your Visa, MasterCard, American Express or Discover Card.

Here's how the Recurring Payment Plan works:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged each billing period the total amount due for that period. A confirmation email prior to withdrawal and a receipt of payment will be emailed to you at the email address listed below.

I, _____, authorize Right Start Academy to charge/debit my
(Parent's Name)
bank account/credit card for tuition payment for my child(ren) _____.
(Child(ren)'s Name)

Please add up the fees that are to be deducted

\$ _____ Tuition Child 1
\$ _____ Tuition Child 2
\$ _____ Camera Fee (once/family)
\$ _____ Credit Card Fee

Credit Card Fee Schedule*

Pmt Amt	Fee Required
\$10 - \$99	\$3.00
\$100 - \$160	\$5.00
\$161 - \$205	\$6.00
\$206 - \$232	\$7.00

**Fees only apply to credit and debit card payments. Payments from a checking/savings account are free of charge.*

Total Amount to be withdrawn: \$ _____ **Weekly** or **Bi-Weekly starting on _____ (date).**

Billing Address _____ City, State, Zip _____

Contact Phone# _____ Email: _____

Checking/ Savings Account

Checking Savings


Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card * (Fees Apply)

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

CID # (4 digit # - Amex ONLY) _____

SIGNATURE _____

DATE _____

I agree to notify RSA in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute RSA's recurring billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.