

Tuition Auto Pay (TAP)

Recurring Tuition Payment Authorization Form

You authorize regularly scheduled tuition and other charges to your checking/savings account or credit/debit card. You will be charged the amount in the family ledger for each tuition billing period. You agree that no prior-notification will be provided. You can access your account statement online at any time via the Oncare Parent Portal.

Please complete the information below:

I _____ authorize **Temporary Tot Tending** to charge my bank account
(full name)
or credit/debit card indicated below on the **6th** of each **month** for payment of my
child's tuition for ACH from checking/savings or on the **1st** of the **month** if paying by credit card.

Child(ren) Name: _____

Phone: _____

Email: _____

Checking/ Savings Account

Checking Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____



Credit Card

Visa MasterCard
 Discover
Cardholder Name _____
Account Number _____
Exp. Date _____
CVV (3 digit number on back of card) _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Temporary Tot Tending** 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Temporary Tot Tending** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account 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.

