



MANDATORY AUTOMATIC TRANSFER AGREEMENT FOR CREDIT OR DEBIT CHARGE

Parent/Guardian Name: _____

For (name of student): _____

I will be paying by check/cash every month prior to services rendered. I understand that if I do not pay by the 7th of each month, the amount due on my account will be deducted from the credit card listed below.

I request the privilege of making payments to Scottsdale Education Center, Inc. under the company's pre-authorized payment plan, and hereby request the company to withdraw said funds via electronic fund transfer.
(This is the recommended, most popular payment method.)

- Items to be drawn on or about the first of each month.
- Your debit or credit card statement will constitute a receipt.
- A service charge of \$25 will be charged for insufficient funds.

Name as it appears on card (please print) _____

Type of card: Visa MasterCard American Express Discover

Credit Card #: _____

Expiration Date: _____

Billing Street Address: _____

Zip Code: _____

Signature: _____ Date: _____

EMAIL: _____