



MANDATORY AUTOMATIC TRANSFER AGREEMENT FOR CREDIT OR DEBIT CHARGE

Parent/Guardian Name: _____

For (name of student): _____

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.

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.

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: _____