

# Credit Card

## AUTHORIZATION AGREEMENT FOR PREARRANGED PAYMENTS (CC)

THIS IS MY AUTHORIZATION TO FLETCHER ACADEMY, INC., dba Lelia Patterson Center, (FED. ID# 56-1432366) TO AUTOMATICALLY DEBIT MY:

VISA     MASTERCARD

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Financial Institution \_\_\_\_\_

I understand that my bank account will be debited on the fifth (5<sup>th</sup>) day of each month during the duration of this agreement, and that the amount will be determined by the signed membership agreement and/or other signed agreements.

I understand this authorization is for at least 12 months unless I select a monthly contract membership in which I will notify the Lelia Patterson Center in writing, no less than 15 days before the next billing, that I no longer desire this service. Failure to give a 15 day notification may result in an additional month charged to this account. I understand a termination fee of \$150.00 will be charged I choose to cancel while under a contract with an obligation period that has not been fulfilled. I also understand that if corrections in the agreed-upon debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I also agree that if any payment amount (debit) is returned unpaid (NSF) by my financial institution, I may be assessed a service charge in the amount of \$25 to be included in the collection and/or resubmission of the transaction. I understand this authorization will continue on after any of the monthly or yearly obligation periods has ended, unless I choose to stop it with written notification.

I have the right to stop payment of a debit entry by notifying the Lelia Patterson Center before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by the Lelia Patterson Center, if, within 15 calendar days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account. Any erroneous charges must be identified in writing to the Lelia Patterson Center within 90 days of the entry in order to receive credit back on my account.

It is also my understanding that I may, by signed request, increase the amount debited to my account to cover costs for optional products or services chosen by me which are available at the Lelia Patterson Center.

This authorization will terminate upon written notification stating I no longer wish to have my account debited, and is subject to cancellation fees or requirements stated in this document or in the membership handbook.

THIS AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERRABLE

\_\_\_\_\_  
Customer Name (Print)

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Signature