

# Recurring Payment Authorization Form

**CAMP HILL**  
203 House Avenue  
Camp Hill, PA 17011  
Ph: 717-761-7113

**HERSHEY**  
50 E. Chocolate Ave.  
Hershey, PA 17033  
Ph: 717-533-1466

**MECHANICSBURG**  
201 Bryant Street  
Mechanicsburg, PA 17050  
Ph: 717-590-7050

## Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period until the designated expiration date. A receipt will be emailed for each payment and the charge will appear on your bank statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

## Please complete the information below (please print):

**Child 1:** \_\_\_\_\_ **Child 3:** \_\_\_\_\_  
(Full Name) (Full Name)

**Child 2:** \_\_\_\_\_ **Child 4:** \_\_\_\_\_  
(Full Name) (Full Name)

I \_\_\_\_\_ authorize Tender Years, Inc. to charge my account as indicated below  
(Full Name)

## Select Weekly OR Monthly Option:

Weekly: \$ \_\_\_\_\_ on Wednesday of each **Week** for payment of my Childcare Tuition.

\*Monthly: \$ \_\_\_\_\_ on 1st day of each **Month** for payment of my Childcare Tuition.

\*Calculated by Director: Monthly amount is based on weekly tuition \$ \_\_\_\_\_ multiplied by # of weeks remaining in school year \_\_\_\_\_ divided by # of months \_\_\_\_\_ remaining in school year.

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Checking/Savings Account

Checking  Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Account Number \_\_\_\_\_

Bank City/State \_\_\_\_\_

Authorization Expiration Date: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until the designated expiration date or until I notify Tender Years, Inc. 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 falls 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debits to my checking/savings account I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Tender Years, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 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 bank account and agree not to dispute these scheduled payments with my bank; provided the transactions correspond to the terms indicated in this authorization form.