

**ROCORI Little Spartan Preschool and  
ROCORI Community Education Kid Care**

**AUTOMATIC PAYMENT AUTHORIZATION**

ROCORI Community Education offers a convenient service which makes it easy for you to pay your child's kid care and/or preschool fee automatically at absolutely no additional cost to you. You may choose to pay via credit/debit card.

Complete the authorization form below and submit it to the Community Education office at the address on the bottom of the form. If you have any questions please call 320-685-8631.

(Please print legibly)

Student's Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ cell \_\_\_\_\_

Month to Begin Automatic payments \_\_\_\_\_

I understand that I am in full control of my payment. If at any time I decide to make any changes or discontinue this service, I will notify ROCORI Community Education. Until/unless I notify ROCORI Community Education my Automatic Pay Agreement will remain in effect and my account will be billed on the 15<sup>th</sup> of each month for Preschool and the last day of the month for Kid Care. If the date falls on a weekend, payment will fall on the following Monday. Change of payment method will not affect the terms of my contract/registration. I understand that the charges will include any past due balance plus my monthly fees, less any credit that exists on my account as of each payment date.

**Automatic payment is as follows:**

On the 15<sup>th</sup> of the month or the following Monday (Preschool)

On the last day of the month for (Kid Care)

Please process my automatic payment to the following credit/debit card (check one)

☐ MasterCard ☐ Visa ☐ Discover

Card Number: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Name as it appears on the card (please print legibly) \_\_\_\_\_

I authorize **ROCORI Community Education** to withdraw \$\_\_\_\_\_ for Preschool.

I authorize **ROCORI Community Education** to withdraw \$\_\_\_\_\_ for Kid Care.

**I will notify the billing office immediately of any change of my card number or expiration date, or if I wish to discontinue my Automatic Payment authorization.**

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date Signed