



***Automatic Deduction Contract***

**2022-2023**

*Payments will be debited from the provided account on the 1<sup>st</sup> of each month or closest business day for Automatic Deduction.*

*Student Name:* \_\_\_\_\_

*Parent/ Guardian Name:* \_\_\_\_\_

*Name on card if different from above:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Primary Phone:* \_\_\_\_\_ *Alternate Phone:* \_\_\_\_\_

*Email:* \_\_\_\_\_

*Circle:*     *Visa*     *MasterCard*

*C.C. #:* \_\_\_\_\_ *Exp Date:* \_\_\_\_\_

*Billing Address:* \_\_\_\_\_

*City:* \_\_\_\_\_

*Zip code:* \_\_\_\_\_

*Signature* \_\_\_\_\_ *Date:* \_\_\_\_\_