

Automatic Payment Authorization Form

I, _____, authorize Lucy Zelman's Learning Center to
printed name
automatically charge my credit/debit card at the beginning of the month for the
amount of my child's invoice.

A receipt shall be sent to _____.
email address for invoice/receipt

Credit Card #: _____

Expiration: _____

Security Code: _____

Name on card: _____

Billing Address: _____

City/State: _____

Zip Code: _____

Phone Number: _____

Located within Bet Shira
7500 SW 120 Street
Miami, FL 33156
(305) 378- 8582

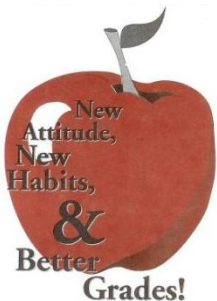
www.tutorlz.com
tutorlzmiami@gmail.com
lzlecbilling@gmail.com

Mailing Address:
11440 SW 102nd Court
Miami, FL 33176

This form was submitted to an authorized representative of Lucy Zelman's

Learning Center on ____/____/____.

Signature: _____



Student(s): _____