

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: _____

Name on card: _____

Billing Address: _____

City/State: _____

Zip Code: _____

Phone Number: _____

This form was submitted to an authorized representative of Lucy Zelman's
Learning Center on ____/____/____.

Signature: _____

Student(s): _____

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