

Automatic Payment Authorization Form

I, _____, authorize Lucy Zelman's Learning Center to
printed name
automatically charge my credit card at the beginning of the month for the amount of my
child's invoice. A receipt shall be sent to _____.
email address or cell phone # via text message

Mailing Address:
11440 SW 102 Court
Miami, 33176 FL
(305) 233-3777 Main Office

www.tutorlz.com
lucy@tutorlz.com

Located in the library of
Bet Shira Congregation
7500 SW 120 Street
Miami, FL 33156
(305) 378-8582

Credit Card Type (circle one): Visa Mastercard Discover Card

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

Name as it appears on the card: _____

Signature: _____

