



Tuition Processing Authorization Form

Name of Parent(s): _____

Child's Name(s): _____

The undersigned hereby authorizes the Morgantown Early Learning Facility to Collect payment per the selected schedule below:

- ☐ **Pay in full on the 5th**
- ☐ **Pay in full on the 20th**
- ☐ **Payment split between the 5th and 20th**

The undersigned understands that payment will be collected on the 5th and/or the 20th of the month per the selected payment schedule. Should the 5th or 20th fall on a weekend or holiday, payment will be collected on the next business day via bank draft ACH payment or Credit Card using the information provided below.

****Only provide the information for the account which you would like to use***

Credit Card Payment:

Cardholder Name: _____

Billing Address: _____

Credit Card number: _____

Expiration Date: _____

Security Code: _____

Credit Card Provider (Please circle one): Visa Discover MasterCard American Express

Bank Draft (ACH):

Account Holder Name: _____

Name of Financial Institution: _____

Account Routing Number: _____

Account Number: _____

Account Type (Please circle one): Checking Savings

****Bank Draft ACH Payments are collected utilizing Huntington National Bank, Credit Cards are processed through Clover.***

The undersigned hereby affirms that the above information is true and correct and acknowledges that knowingly providing false or fraudulent banking or financial information is a criminal offense. Morgantown Early Learning Facility does not accept financial or legal liability for knowingly providing false or inaccurate banking information or credit card information. Furthermore, consumer overdraft or overlimit fees or any other fees charged by the bank account or card holder's financial institution resulting from insufficient funds or credit are not the fault or liability of Morgantown Early Learning Facility. Should this occur it is the responsibility of the undersigned to resolve this issue with their bank and to inform Morgantown Early Learning Facility immediately so that the appropriate action can be taken. If payment is declined, Morgantown Early Learning Facility will attempt to collect the tuition payment and decline fee within 5 days immediately following the initial attempt unless otherwise notified by the bank account holder or credit card holder. Please refer to the provided payment policy for information regarding financial hardship. Failing to adhere to the above payment schedule is a violation of this agreement and Morgantown Early Learning Facility reserves the right to pursue overdue payment to its full legal extent.

I _____ hereby affirm that the above financial information is
Print Name
correct and that I am an authorized user or account holder and that I understand all terms of this agreement.

Signature

Date

Office Use Only

Received By

Date