



Nobel Learning Communities, Inc.[®]

AUTOMATIC PAYMENT AUTHORIZATION AGREEMENT

Student(s) Name(s): _____

Name of Parent or Guardian: _____

Billing Address: _____ City: _____ Zip: _____

Phone #: _____ Work #: _____

Fax #: _____ Email (for billing purposes): _____

Name on bank account: _____ Type of Account

Account Number: _____ Checking

ABA Bank Routing Number: _____ Savings

I hereby authorize **Nobel Learning Communities, Inc.** to debit the above-referenced bank account, for the amounts of all invoices. The auto draft will occur automatically on the 1st business day of each billing period after a successful prenote test is done on the specified bank account provided. Please note that it may take a day or two for the draft to hit your bank account. This payment option will continue until we have received notification from you to terminate the Automatic Payment Option as payment for your invoices.

PLEASE STAPLE VOIDED CHECK BELOW

I acknowledge that it is my responsibility to notify Nobel Learning Communities, Inc. if I change bank accounts, and to provide Nobel Learning Communities, Inc. with updated information. If failure to do so results in the invoice not being paid within seven days of the due date, attendance at the school will no longer be permitted until the invoice is paid in full. Any returned auto draft payments will be subject to our normal returned payment fee as specified in your fee schedule. If an auto draft payment is returned, you are responsible for making payment by check for the amount of the invoice along with the returned payment fee. If an auto draft payment is returned three or more times, we reserve the right to discontinue the auto draft payment option and all future billings must be paid by certified funds.

By signing this authorization form, I agree to all of the above terms and conditions.

Date: _____ Name (please print): _____

Authorization Signature: _____

AUTOMATIC CREDIT CARD CHARGE AUTHORIZATION FORM

I hereby authorize **Easy Draft**, as agent on behalf of Nobel Learning Communities, Inc., to initiate periodic charges to my credit card as identified below, for amounts owed to Nobel Learning Communities, Inc. for all invoices generated during its billing cycle.

Customer Information

Student(s) Name(s):

Name of Parent or Guardian:

Billing Address:

City: _____ State: _____ Zip: _____

Phone #: _____ Work #: _____

Billing Email: _____

Credit Card Type (Circle One): VISA Master Card Discover Card

Name of Cardholder: (Print exactly as it appears on the card):

This authorization is to remain in full force unless revoked or altered. In the event I wish to revoke or alter this authorization, I may do so **only** by providing written notice to my Nobel Learning Communities school no later than 30 business days prior to the effective date of such revocation or authorization.

- I acknowledge that it is my responsibility to notify my Nobel Learning Communities school if my credit card expires, and to provide the updated information. Failure to update information could result in late charges and other penalties in accordance with the provisions stated on the Tuition Agreement.

- I understand that all of the payments authorized above represent payment in advance of services rendered.

- I understand that Easy Draft will be adding a 2.0% convenience fee to the amount that is charged to my credit card. This fee is payable to the processor and is not applied to any amount due to Nobel Learning Communities, Inc. The convenience fee may change with 30 day notice.

I hereby attest that the above information is correct. I understand and agree to all provisions of this authorization form and I agree that I will pay for services rendered in accordance with the issuing bank cardholder agreement.

(Signature)

(Date)

Rev. 11.9.15