

**For Office Use Only**

Processed: \_\_\_\_\_  
Initials: \_\_\_\_\_



Family Name \_\_\_\_\_

Please return this form by: \_\_\_\_\_

331 Gambrills Road Suite 1 • Gambrills, MD 21054 • P: (410)923-7575 • F: (410)923-2250

## Recurring Payment Adjustment Form

### Bank Account or Credit/Debit Card

This form is required when a child's tuition payment is changed for any reason. Parents/Guardians must sign the form in order for the recurring payment amount to be adjusted.

I, \_\_\_\_\_, authorize Right Start Academy to charge the financial account on file with RSA for tuition payments, including any fees associated with late payments, for my child(ren) \_\_\_\_\_.

**Description of change taking place:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEW WEEKLY PAYMENTS**

**OR**

**NEW BI-WEEKLY PAYMENTS**

**CREDIT/DEBIT CARD FEE SCHEDULE\***

\$ _____ Tuition Child 1
\$ _____ Tuition Child 2
\$ _____ Camera Fee (per/fam)
\$ _____ Credit/Debit Card Fee*
<b>\$ _____ TOTAL</b>

\$ _____ Tuition Child 1
\$ _____ Tuition Child 2
\$ _____ Camera Fee (per/fam)
\$ _____ Credit/Debit Card Fee*
<b>\$ _____ TOTAL</b>

Payment Amount	Fee Required	Payment Amount	Fee Required
\$10 - \$100	\$3.00	\$251 - \$350	\$10.00
\$101 - \$175	\$5.00	\$351 - \$450	\$13.00
\$176 - \$250	\$7.00	\$451 - \$550**	\$16.00

\*\*Amounts over \$550 will be 3% of total amount charged

New Recurring Amount to be withdrawn: \_\_\_\_\_  Weekly or  Bi-Weekly starting on \_\_\_\_\_ (date).

### Schedule of Upcoming Recurring Payments

	Date Due	Amount	Notes
Week 1			
Week 2			
Week 3			
Week 4			

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the amount listed on this form, including any fees for late payments, to be withdrawn from the account on file with RSA. I agree to notify RSA in writing of any changes in my account information or termination of this authorization at least 7 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute RSA's recurring billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.