Credit Card Payment Authorization

How recurring payments work:

Payment Information

- By signing the agreement below, you authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below on the first business day of the month.
- Non-sufficient funds will result in a service charge of \$25 in addition to any late fees incurred for invoices outstanding after 30 days. After a second NSF charge occurs, AdaptAbilities will no longer accept recurring credit card payments.
- Invoices are sent to parents/guardian at month end indicating amount(s) charged & balance(s) outstanding.

1		authoriza Adout Abilitias to about a sou andit	
		authorize AdaptAbilities to charge my credit	
		g fees for	
in the amount of \$	on the f	on the first business day of each month.	
OR			
\square Variable Monthly Amount	(ie: Parental Cost	Shares, Direct Service costs, etc.)	
l,	, authorize AdaptAbilities to charge my credit		
card indicated below for mo	nthly programming	g fees for	
to a maximum of \$ on the		first business day of each month.	
Billing Details:			
Card Number (16 digits)		CCV (3 digits):	
Expiry Date:			
Cardholder's Name:			
Billing Address:			
City:	Province:	Postal Code:	

By signing the above, I authorize AdaptAbilities to charge the credit card indicated in this authorization according to the terms outlined above. I understand that this authorization will remain in effect until I cancel in writing. I agree to notify AdaptAbilities in writing of any changes or updates to my account information, or termination of this authorization at least 30 days prior to the next billing date. I certify that I am the authorized user of this credit card, and that I will not dispute the payment with my credit card company, provided the transactions correspond to the terms indicated in the above authorization.