



10274 Lake Arbor Way #205, Bowie, MD 20715
(301) 842-4056 (phone) ** (202) 318-8805 (fax)

Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

Recurring Payments Terms:

You authorize regularly scheduled charges from CGR Academy to your Visa or MasterCard or bank account. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card or bank statement.

Please complete the information below:

I _____ CARD/ACCOUNT HOLDER authorize **CGR Academy** to debit my account
(Name)

on the date received, as well as the dates selected below for payment of: **SUMMER CAMP 2021.**

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Installments Due:

Full Summer \$3200 (Deposit - \$500, upon enrollment). \$675 due: June 15, June 30, July 15, July 30

SIBLING \$3100 (Deposit - \$400, upon enrollment). \$675 due June 15, June 30, July 15, July 30

Account Type: Checking

Debit Card/ACH Routing Number: _____ BANK: _____

Account Number: _____

Card Type: Visa MasterCard

Credit Card Number: _____ Exp _____

CVV (3 digit number on back of Visa/MC) _____

I authorize the above named business to charge the credit card or bank account indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 5 days prior to the next billing date. Payments received after the due date are subject to a \$10 per calendar day late fee. **Failure to make payments as agreed will result in a price change to \$3,250 for full summer camp.** This payment authorization is for the type of bill indicated above. I certify that I am an authorized account owner or user of this credit card and that I will not dispute the scheduled payments with my credit card company or bank provided the transactions correspond to the terms indicated in this authorization form. **The deposit and all payments are non-refundable and non transferable.**

SIGNATURE _____

DATE _____