INTELLIGENT WORKFORCE SOLUTIONS

DBA Smart Fit Kids

780 Ritchie Highway, Suite 28, Severna Park, MD 21146
(443) 597-7173

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I understand that the payment amount for the service of **After School/Preschool/Summer camp/school day off/clubs/others** will be processed immediately with payment method/information provided.

I _____authorize Intelligent Workforce Solutions (DBA Smart Fit Kids) to charge my account indicated below bi-weekly or weekly for $_____ as payment of tuition for Smart Fit Kids for my child/children_____ . I understand that the payment amounts may vary as other services such as clubs or school day off are added/dropped and as other charges/payments are applied to my account. I acknowledge that this authorization will remain in effect until I notify the office in writing that authorization should be terminated.

Checking/ Savings Account

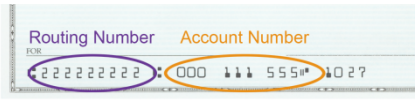
☐ Checking ☐ Savings Student Name:_____

Name on Acct _____Bank Name: _____

Bank Routing # _____ Account Number # _____

Billing Address _____

Phone # _____ Email _____



SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Smart Fit Kids in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Smart Fit Kids may at its discretion attempt to process the charge again within 30 days, and agree to an additional $25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring/credit payment. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.