



Electronic Payment Request

CREDIT/DEBIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize the Ivy School to initiate recurring credit or debit card charges to the below referenced account for the purpose of collecting Ivy School related payments. I (we) understand that the charges to the below referenced account will be based on charges that are due and payable at the time of the credit or debit card transaction. I understand there is a \$3.00 fee charged per transaction. I (we) understand that this agreement is between myself (us) and the Ivy School. I (we) authorize the Ivy School to capture, create, and transmit all credit or debit card information. I (we) indemnify and hold harmless, the Ivy School from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between the Ivy School and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give the Ivy School written notice of revocation. A minimum of 5 business days is required to affect revocation.**

PLEASE CONTACT THE IVY SCHOOL FOR CREDIT CARD TYPES ACCEPTED.

Cardholder Name			Phone #
Cardholder Billing Address			Account Number
City	State	Zip	Expiration Date
Cardholder Signature			Date

For Official Use Only
Date received: _____
Employee signature: _____



Electronic Payment Request

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize the Ivy School to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize the Ivy School to withdraw sufficient funds to pay my (our) Ivy School related fees that are due and payable. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name	Phone #	DEPOSITORY - Bank/ Credit Union Name
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Address	Bank or Credit Union Address
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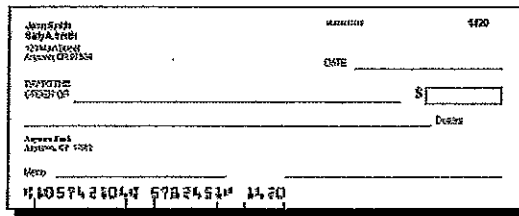
City	State Zip	City State Zip
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Type: Checking Savings

Routing Transit Number (see sample below)	Account Number (see sample below)
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This authorization will remain in full force and effect until I (we) notify the IVY SCHOOL in writing of its termination in such time and in such manner as to afford IVY SCHOOL and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature	Date
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Routing Transit Account Check
 Number Number Number