



2018-2019 BILLING AUTHORIZATION FORM

Child's Name: _____ Date of Birth: _____

Payment Agreement

Enrollment Fee: I agree to pay the Louis S. Wolk JCC of Greater Rochester an annual, non-refundable fee of \$100, due at the time of enrollment for each child. This fee reserves your child's placement in our program. Payment will be made via EFT or credit card as indicated below.

Payment: **EFT** I authorize the Louis S. Wolk JCC of Greater Rochester to debit my account for the program indicated above. Debits will be made on the first of the month or the following business day. I have attached a voided check.

DEBIT or CREDIT CARD I authorize the Louis S. Wolk JCC of Greater Rochester to charge my account for the program indicated above. Payments will be made on the first of the month or the following business day.

Visa MasterCard Discover American Express Please use card on file for Wolk Children's Center (signature required)

Card #: _____ Expiration Date: _____

Name on card: _____ Authorized Signature: _____ Date: _____

Payment Policy: Program fees are due on the first of each month. Tuition payment is required regardless of absence due to vacation or illness. It is expressly understood that this is a binding contract and will be enforced. I understand that if the Louis S. Wolk JCC of Greater Rochester must use legal proceedings to collect any unpaid tuition, I will be responsible for any legal costs and expenses incurred by such legal proceedings. The Louis S. Wolk JCC of Greater Rochester reserves the right to withhold service on delinquent accounts.

I agree to the payment terms selected above. Signature: _____