



Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account via debit card, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started! All information is confidential and processed by our bookkeeper.

How Does it work?

You authorize regularly scheduled charges to your debit or credit card. You will be charged the amount indicated below each billing period. The charge will appear on your bank statement as "GPA 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 _____ authorize the Gravenstein Parent Association (GPA) to charge my debit or credit card indicated below for \$ _____ on the first day of each month for payment of my monthly donation to GPA. Please start my payment on _____ and end on _____.

Billing Address _____ Phone Number _____

City, State, Zip Code _____ Email Address _____

Child Name/Grade _____

*** CONFIDENTIAL ***

Debit or Credit Card Information

☐ Visa

☐ MasterCard

☐ Amex

☐ Discover

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ CVV code _____

Signature: _____

Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify GPA in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing dated. 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 GPA debits to my checking/savings account, I understand that because these are electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of a GPA transaction being rejected for Non-Sufficient Funds (NSF) I understand that GPA may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$5.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of GPA transactions to my account xcomply with the provisions of U.S. law. 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 they transaction correspond to the terms indicated in this authorization form.

FOR OFFICE USE ONLY _____