KUMON of Fairfield
15202 Mason Road Suite 500
Cypress, TX 77433
281.304.MATH

KUMON
MATH. READING. SUCCESS.

KUMON Steeplechase
9344-E Jones Road
Houston, TX 77065
281.955.MATH

AUTOPAYMENT AUTHORIZATION FORM

Please charge my: CREDIT CARD BANK ACCOUNT

monthly for my family's tuition. I understand I must give 30 days advance written notice to discontinue this service. I understand that all tuition paid is nonrefundable and non transferable. If my family adds or reduces the number of subjects taken, Kumon may adjust the fees charged accordingly without separate written authorization. Kumon may raise the tuition at any time with not less than 30 days advance notice. In the event tuition is raised, my continuing enrollment constitutes an agreement that Kumon may charge the increased rate unless I give the 30 days notice referenced above.

Student's name(s):_____

Monthly amount: _____ Starting: _____

Parent name (print):_____

Address: _____

City & Zip code:_____

Phone number: _____

Parent email: _____

Parent signature:_____

Credit Card:

Name on card: _____

Card number: _____

Expiration date: _____

Billing street address: _____

Billing city, state and zip code: _____

Billing phone number: _____

CVV number (on back of card): _____

Bank Account:

Please attach a voided check.

Routing number (9 digits)_____

Account Number: _____

For office use only:
Authorization form entered: ____/____/____

Staff: _____