



Cayman Learning Centre

## Request for Automatic Payment

Please print clearly. The information acquired through this form is kept secure and strictly confidential.

<b>Customer's Details</b>	Student Name:	<input style="width: 100%;" type="text"/>
	Applicant's Name:	<input style="width: 100%;" type="text"/>

<b>Automatic Payment Option</b>	Payment from Credit Card/Debit - Select one of the options below:	
	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
	Card Number:	Expiry Date:
	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
	Name on Card (exact):	Signature of Card Holder:
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	
Card Currency:		
<input type="checkbox"/> KYD	<input type="checkbox"/> USD	

You may alter, defer or cancel the Automatic Payment Arrangement by writing/in person or by contacting us at 345.943.READ (7323). Where you consider that a automatic payment transaction has been initiated incorrectly, please contact us at your earliest convenience.

I authorize Cayman Learning Centre to:

- debit the card above on the first day of each month in advance in accordance with Cayman Learning Centre billing policy
- the amount to be debited equals number of sessions in a given month multiplied by the learning session fee applicable at that time

Applicant's Signature

Date (MM/DD/YY)

--	--	--