



PEARLS ACADEMY

Recurring Payment Authorization Form

Parent/Guardian Name: _____

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, Mastercard, AMEX or Discover.

You are authorizing regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each month. A charge will appear on your bank statement as an "ACH Debit" or "Credit". 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 Pearls Academy, Tranquil Hearts Inc. to charge my credit card/ Bank account indicated below for my child/children, _____ enrolled at Pearls Academy, as per the following payment plan:

- Monthly Payments:** First payment of \$ _____ to be charged on August 25th, 2026 and **9** recurring payments of \$ _____ to be charged on 25th of each month ending on May 25th 2027

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



(There will be \$.5% surcharge per ACH transaction)

Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 or 4 digit number on back of card) _____

(There will be 3% surcharge per credit card transaction)

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 ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that Pearls Academy, Tranquil Hearts Inc. may at its discretion attempt to process the charge again within 30 days and agree to an additional \$35 charge for each attempted returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply 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 the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____