



## PAYMENT AUTHORIZATION FORM

I/We the undersigned on this form do fully agree that all service charges and Fee's will be paid in full as per the contract between I/We with LCH Learning Centers.

If any charges or unpaid balances are not paid in full at the time services are discontinued the undersigned agrees to have that amount remaining to be charged to the below named account, if funds are not satisfied the undersigned will provide LCH Learning Centers with information to collect funds not paid upon discontinues of services. This form will only be enforced if the undersigned does not fulfill contracted amounts. No information obtained in this form will be used for any other purpose. This form will be released to LCH Learning Centers collection agency of choice to obtain payment in full.

---

Printed Name of Client \_\_\_\_\_

Date \_\_\_\_\_

Full Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_

SSN \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration: \_\_\_\_\_ CSC# \_\_\_\_\_

---

Signature of Client \_\_\_\_\_

Date \_\_\_\_\_

Any collection fees, court costs, reasonable attorney fees, or returned check fees are the responsibility of the adult person(s) named on the account. Monthly service fee of 1.5% per month or 18% per annum will be assessed on all past due accounts. In the event our office is not contacted within 30 days of you receiving our last billing statement your account will be turned over to our collection agency.