



Date: \_\_\_\_\_

TO: **The Creative Campus**  
**580 Old York School**  
**Branchburg, NJ 08876**

This letter will authorize The Jointure to charge my credit card or account as follows: Please choose the method in which you intend to have withdrawals each month.

**Credit Card and Debit Cards (PLEASE PRINT)**

Name of Card (Visa/MasterCard/ Discover / American Express): \_\_\_\_\_

Cardholder's : Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**\*Please note a 2% Credit Card Fee every transaction\***

**Direct Debit (please fill out form or attach a voided check) (PLEASE PRINT)**

Account Holder's : Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account Phone Number: \_\_\_\_\_

ABA Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

**Check \*\*\* Please make checks payable to "The Jointure"\*\*\***

I, \_\_\_\_\_ understand that my account will be charged in the amount of \$\_\_\_\_\_ on the 15th for the following month's tuition( i.e. October's tuition is due

September 15th). Starting from \_\_\_\_\_ to \_\_\_\_\_. I also understand  
(Month) (Month)

that if my child's schedule changes the amount charged to my account will reflect the changed tuition.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of School/Site

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date: