



Thompson Tutoring, LLC
251 N. Rose Street Suite 200
Kalamazoo, MI 49007
(269) 329-0730
cdt494@hotmail.com
www.coreythompsonstutoring.com

Thompson Tutoring, LLC

Agreement to file Credit Card or ACH Bank Account Information and Authorization of Payment
(choose either Credit/Debit or ACH Bank Transfer and enter information below)

Student Name(s): _____ Name of Cardholder/Account Owner: _____

Phone: _____ Email: _____

Credit or Debit Card Information: processing fee of 3.4% + \$.25 per transaction

Name on Card: _____ Type of Card: VISA MC AMEX DISCOVER

Billing Address for Card: _____ (Zip Code) _____

Card #: _____ Expiration Date: _____ CSV Code _____

ACH Bank Account Transfer: no processing fee

Name of Account Owner: _____

Account Type: Consumer Checking Business Checking Consumer Savings Business Savings

Routing#: _____ Account#: _____

I authorize Thompson Tutoring, LLC, to securely store my credit card information and to process a payment on this account on or after the due date of each month's invoice. An invoice will be sent prior to the due date and prior to your card being charged each month. The amount due and due date will be listed on each invoice so that you have a chance to review prior to your account being charged. Account information will only be entered online into the secured Quickbooks Online Payment System.

Signature: _____ Date: _____