



# Boston Child Study Center

729 Boylston Street, 5<sup>th</sup> Floor, Boston, MA 02116 | P: (857) 400-9211 | F: (866) 496-3029

[www.BostonChildStudyCenter.com](http://www.BostonChildStudyCenter.com)

### ***Payment Authorization and Agreement***

Boston Child Study Center accepts payment through check, debit or credit card. We require that all clients provide a credit or debit card on file to be used as a primary method of payment or as a back up payment for late or outstanding bills. Please select the method of payment you prefer below. If you choose to change your method of payment, you may do so at any time by re-submitting this form to Brinna Durney at [info@BostonChildStudyCenter.com](mailto:info@BostonChildStudyCenter.com).

I agree to submit payment to the Boston Child Study Center for the amount due on my bill at the conclusion of each monthly billing cycle. I understand that the billing cycle ends on the last day of each month. If I am enrolled in auto-pay, my card will be processed for the balance on my account and I will receive a statement documenting the services and charges. I understand that I may choose to pay by check and will mail checks to Boston Child Study Center, LLC, 729 Boylston Street, 5th Floor, Boston, MA 02116. I understand that if I do not submit payment by check within 30 days of the last day of the billing period my card on file will be billed for the amount due and I will receive a statement documenting these services and charges.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Date

### Debit/Credit Card Authorization

Please complete the below fields to provide your debit card, credit card, or flex spending debit card to authorize the Boston Child Study Center, LLC to retain your card information on file and enroll your account in our monthly auto-payment system or as a back up payment if you choose to submit payments by check.

Card Type: V / MC / D / AMEX    Cardholder full name (as it appears on your card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email to send statement/receipt: \_\_\_\_\_

### **Please Check the Appropriate Box:**

**Recurring Billing:** I hereby authorize BCSC to retain my credit/debit card information and charge the indicated credit/debit card on a monthly basis for the amount due on my account. The recurring payment authorization shall remain in effect until canceled by me in writing.

**Back-Up Use Only:** I prefer to pay by check and I understand that I am authorizing the Boston Child Study Center to retain my credit/debit card information on file and to charge the indicated credit/debit card for any outstanding balance on my account that is 30+ days late. Example: If my January statement is not paid in full by the end of February I will be charged on March 1st for the outstanding balance.

### **Authorization:**

I hereby authorize the Boston Child Study Center to charge the indicated credit/debit card. I agree that this is either a periodic or back up charge that will be processed as I indicated above. To terminate the recurring billing process, if selected, I must cancel in writing. I guarantee and warrant that I am the legal cardholder for this credit/debit card and that I am legally authorized to enter into this billing agreement with Boston Child Study Center, LLC.

Signature of Cardholder: \_\_\_\_\_

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