



KUMON MATH AND READING CENTER OF

SOUTHAMPTON447 SECOND STREET PIKE
UPPER SOUTHAMPTON, PA 18966

southampton_pa@ikumon.com

Credit Card/EFT Authorization Form

Account Holder Information		
Name:	Email:	Tel:
Address:		
City:	State	Zip

By signing this form, I agree to the following:

- I authorize Kumon of Southampton, PA, to charge the bank account or credit card below.
- The bank statements will show the charges made by **Medhavi LLC** or **Kumon of Southampton**.
- Kumon will debit my bank account or credit card on the 1st of each month.
- I understand that Kumon will charge me the 1st month's tuition and the registration fee upon registration.
- I understand that I have a right to hold or stop charges to the bank account or credit card by **notifying Kumon in writing by the 15th of the month** before canceling services.
- I understand I will be charged a \$25.00 penalty fee for any bank/check rejection or declined credit card.
- I understand there will be a **credit card processing** charge of \$5 per subject.

Option 1 – Credit Card Information		
Credit Card Number	Expiry	CVV

Option 2 – Banking Information. Please attach a voided check.	
ABA Routing Number (9-digits)	Bank Account Number

Student Information	
Name	Subjects

First Charge	
Recurring Charge	

Name	Signature	Date
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