

LEROY SPRINGS & COMPANY, INC.
FALL FLYERS 2010-2011 AUTOMATIC CREDIT CARD PAYMENT PROGRAM

Leroy Springs & Company, Inc. is pleased to offer you the preauthorized payment plan service for your convenience. Your FLYERS fee will be automatically charged to your credit card each week. This plan eliminates the need for you to call each week to charge your credit card and allows us to better service your account.

Instructions: Complete the Automatic Credit Card Payment Authorization Form on this page and make a copy of the completed authorization form for your records.

Forms can be dropped off at the Complex or mailed to:
Leroy Springs & Company, Inc.
P.O. Box 280
Fort Mill, SC 29716
Attention: Leah Dunnam, Enrichment Director

AUTOMATIC CREDIT CARD PAYMENT AUTHORIZATION

I authorize Leroy Springs & Company, Inc. (LSC) to initiate charges to my credit card account indicated below. I authorize the credit card company named below to accept these charges to my credit card account. These payments will be charged as indicated below.

This authorization is to remain in effect for the dates indicated below. To update the automatic billing with a new credit card number, a new authorization form must be completed. To cancel this automatic payment, I must provide written notice of cancellation to LSC not less than 10 days prior to the next scheduled payment. LSC may terminate this payment plan upon notice of two (2) declined transactions. LSC reserves the right to cancel this agreement with prior written notice. LSC will notify me of any changes in the dollar amount charged to my account. LSC shall not be liable for losses caused by the credit card company's failure to act in accordance to this request.

Childs name (please print)	FLYERS site	Cardholders name
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Home Address	City
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E-Mail Address

Effective Dates of this Authorization: _____ 8/1/2010 through 6/4/2011

Weekly charges will be processed seven days in advance of the Monday due date.

Amount (Check One): () \$57.00 M () \$62.00 NM

Type of Credit Card to be Charged (Check One): () Visa () Mastercard () Discover

Credit Card Number

Expiration Date (mm/yy)

Customer Signature

Date

For Office Use Only:

Date Authorization Entered: _____

Completed By: _____