



Children Payment Options

- Annual Payment (One payment of \$500.00)
- Semi Annual Payments (Two payments of \$300.00)
Auto debit every 6 months by credit card
- Quarterly Payments (Four payments of \$200.00)
Auto debit every 3 months by credit card
- Monthly Payments (Twelve payments of \$65.00)
Auto debit every month by credit card

Payable by credit card

Card Type:   

Credit Card #: _____ Exp. Date: _____

Name as it appears on credit Card: _____

Billing Address for credit Card: _____

By signing below, I authorize Dr. Robert Taylor to charge my credit card for the amounts listed above pursuant to the payment plan selected.

Signature

Date