

## ACH/Electronic Check Reoccurring Authorization Form

l,	authorize A Child's Garden to deduct monthly	
tuition, from my bank acco	unt listed below, to fulfill my obligations to A	A Child's Garden
	tuition for the 2019-20 school year. Bank $lpha$	
charged on the (pl	ease select between the 1st and 10th) of even	ery month.
Name on Account:		
Routing/ABA Number:		
Account Number:		
Account Type (select on	e): Personal 🗆 Business 🗆	
Entry Method (select one):	Corporate Cash Disbursement (CCD) (Personal)	
	Prearranged Payment/Deposit (PPD) (Business)	
Billing Address:		
City:		
State:		
Zip/Postal Code:		
Phone Number:		
Email:		
Child Name(s):		
Amount to be charged	\$	
monthly:		
reoccurring payments are only for	ons listed: Tuition is due no later than the 10 <sup>th</sup> of every mone school year and do not cover the deposit(s) and or consibility of the card holder to inform ACG of any change incurred for failed transactions.	other fees/charges other
Print Name	Signature	 Date