Reoccurring ACH/Electronic Check Authorization Form

I, _____ authorize A Child's Garden to deduct monthly tuition, from my bank account listed below, to fulfill my obligations to A Child's Garden for the payment of monthly tuition for the 2020-21 school year. Bank account will be charged on the _____ (please select between the 1st and 10th) of every month.

Name on Account:	
Routing/ABA Number:	
Account Number:	

Account Type (select one): Personal ☐ Business ☐
(select one): Checking ☐ Savings ☐

Entry Method (select one):
Prearranged Payment/Deposit (PPD) (Personal Account) ☐
Corporate Cash Disbursement (CCD)(Business Account) ☐

Billing Address:	
City:	
State:	
Zip/Postal Code:	
Phone Number:	
Email:	
Child Name(s):	
Amount to be charged monthly:	$

By signing below, I agree to all terms listed: Tuition is due no later than the 10th of every month. Autopay for reoccurring payments are only for one school year and do not cover the deposit(s) and or other fees/charges other than monthly tuition. I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (minimum 30 days). I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new ACH Debit Authorization Form. All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be canceled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of $35.00 (or amount allowable by law), which may be automatically debited for each NSF. I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this.

_____ _____ _____
Print Name Signature Date