



Type of Request: ___ New ___ Change ___ Cancel

ACCOUNT INFORMATION

Individual Name(s) on Financial Institution account:

Individual Address: _____

Individual Primary Contact: Phone: _____ Email: _____

FINANCIAL INFORMATION

Financial Institution Name: _____

Financial Institution City: _____ Financial Institution State: _____

Financial Institution 9 Digit Routing/ABA Number: ___/___/___/___/___/___/___/___/___

Checking Account Number to Debit: ___/___/___/___/___/___/___/___/___/___/___/___/___/___/___

TRANSACTION INFORMATION

Purpose of ACH: This ACH will be used for the payment of tuition/fees (e.g., registration, drop-in, late pick-up, camp)

Payment Frequency: (Check one) ___ Weekly ___ Semi-Monthly (1st & 3rd Fridays) ___ Monthly

The payment amount of each withdrawal may vary depending on services rendered. Notice of the amount and date of each withdrawal will be indicated on each invoice.

AUTHORIZATION

I hereby authorize the above Company to initiate ACH debit entries to the Financial Institution indicated above, and initiate adjustments (if necessary) for any transactions debited in error. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree to be bound by NACHA Rules. This authority will remain in effect until the Company is notified by me in writing to cancel it in such time as to afford Company and Financial Institution a reasonable opportunity to act on it. I acknowledge that a copy of this authorization was provided to me to retain for my records.

Account Owner Signature: _____

Date: _____

COMPANY USE

Account Information Added (Date): _____ Registration Fee Collected (Date): _____