RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH



Complete and return this form to:

Demo Daycare Center

123 Demo Drive Phoenix, OR 97535 (555) 555-8085 x100

ELECTRONIC FUNDS TRANSFER AUTHORIZATION (Please Print)

I authorize Demo Daycare Center, to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings Account for the purpose of collecting childcare related payments. I authorize Demo Daycare Center to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Demo Daycare Center to use the third party sender, RapidTuition, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Account Holder's Name:			Phone:
Children Names (if applicable):			
Please enter children names if the account holder's last name is different.			
Account Holder's Address:			
City:	State:		ZIP Code:
Bank/Credit Union Name:			
Bank/Credit Union Address:			
City:	State:		ZIP Code:
Bank Account Type: Checking Savings Business Checking			
Routing Number: (See Sample Below)		Account Number: (See Sample Below)	
This authorization will remain in full force and effect until I notify Demo Daycare Center in writing of its termination. Notification must be received 5 business days in advance of termination date to permit RapidTuition and your bank reasonable time to act upon it.			
Signature:		Date:	
PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS			

(Please attach a copy of a voided check below - deposit slips not accepted)

Bank Name
Street Address
City, State, ZIP

1:0442042241: 0299999999999

This is the location of the 9 digit Transit Routing Number for your Bank.

This is where you will find your account number.

