

RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

Complete and return this form to:



A Childs Journey School

11711 124th Ave NE
Kirkland, WA 98034
(425) 820-5788

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

(Please Print)

I authorize A Childs Journey School, 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 A Childs Journey School to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize A Childs Journey School 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:

Email:

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)

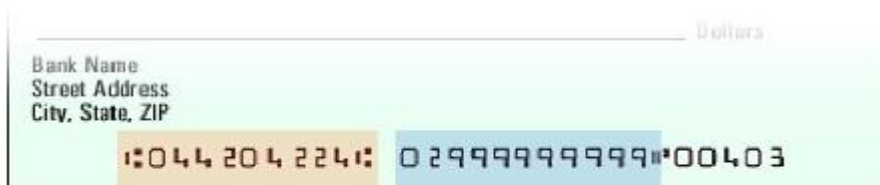
This authorization will remain in full force and effect until I notify A Childs Journey School in writing of its termination. Notification must be received 5 business days in advance of termination date to permit RapidTuition and your bank reasonable time to act upon it.

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)



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

This is where you will find your account number.



(800) 553-2312
www.RapidTuition.com