## 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:	vpe: ☐ 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:	re:		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: 02999999999900403

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

This is where you will find your account number.

