

**Recurring ACH Payment Authorization for 2022 – 2023 School Year
New Philadelphia Moravian Preschool**

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will be notified to authorize the change (such as for additional charges including but not limited to registration fees or summer tuition),

I _____ authorize New Philadelphia Moravian Preschool to charge my
(Full Name)

bank account indicated below for \$ _____ on the 1st / 10th of each month
(Amount) (circle day)

through June 20, 2023. This payment is for monthly preschool tuition.

Bank Details

Bank Name _____

Account Number _____

Routing Number _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify New Philadelphia Moravian Preschool in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that \$25.00 will be charged in addition to my monthly rate, and I will be contacted regarding the rejection for payment arrangements. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

(Account Holder's Signature)