Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. 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 receive notice from us at least 10 days prior to the payment being collected.

ank account indicated below for \$ on the 20th of ach month. his payment is for, CUMC Preschool. (Child's name) Allling Information illing Address Phone # bity, State, Zip Email Checking Savings ccount Name ank Name ank Name ank Name ank Name account Number	I
Account Name (Amount \$) (Amount \$) (Amount \$) (Child's name) (Child's name) (Child's name) (Child's name) (Child's name) (Child's name) Phone # Email Routing Number Account Number ank Name ccount Number	
(Child's name) Silling Information illing Address Phone # ity, State, Zip Email Sank Details Checking	bank account indicated beloeach month.
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outing Number	Bank Name Account Number
understand that this authorization will remain in effect until APRIL 20, 2021, and I agree to notify authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a eekend or holiday, I understand that the payments may be executed on the next business day. For ACH ebits to my checking/savings account, I understand that because these are electronic transactions, ese funds may be withdrawn from my account as soon as the above noted periodic transaction ates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that a telephone I way at its discretion attempt to process the charge again within 30 days, and agree an additional \$15.00 charge for each attempt returned NSF which will be initiated as a separate ansaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this ank account and will not dispute these scheduled transactions with my bank; so long as the transactions or respond to the terms indicated in this authorization form.	CUMC Preschool in writing of authorization at least 15 days private weekend or holiday, I understand debits to my checking/savings act these funds may be withdrawn from the dates. In the case of an ACH Tracuma Cumc Preschool may at its of to an additional \$15.00 charge of transaction from the authorized reto my account must comply with bank account and will not dispute
IGNATURE DATE (Account Holder's Signature)	SIGNATURE(Account H