

**ACH Credit Authorization Agreement for Direct Payments from a Bank Account**



I hereby authorize my financial institution to make periodic payments on my behalf from the checking, savings or credit account listed below and transfer it to WellKind School for Early Learners.

I understand that I am in full control of my payments, and will notify WellKind School for Early Learners if at any time I decide to make any changes, discontinue this service, or change or close my credit card or bank account.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Frequency: **Weekly** Amount to be debited: \$ \_\_\_\_\_

Name on Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Choose one:

Bank Account	Credit Card
Type: Checking ( ____ ) Savings ( ____ ) Routing Number: _____ Bank Account Number: _____	Credit Card Number: _____ Expiration Month/Year: _____ Security Code: _____

Note: All other fees related to my child’s tuition such as the Biannual Service Fee, Monthly Educational Fees, Late Pick up Fees or other fees associated with child care or educational needs will be charged in addition to the flat tuition rate.

WellKind School does not charge a bank fee to the customer. It is absorbed by the company. All other payments made not using automatic debit payments will be subject to a 2.8% fee in addition.

WellKind School for Early Learners will bill your checking, savings or credit card account the first day (Monday) of each week.

If WellKind School for Early Learners or the financial Institutions are closed on Monday, the automated tuition will be billed on the Friday proceeding the closure.

It is the customer’s responsibility to notify WellKind School for Early Learners of a change to the account or financial institution by Friday at 5:00pm.

If your payment doesn’t go through for any reason you will be charged a \$10 fee and in addition a late payment charge to your account unless the balance is reconciled on that same day (Monday).

By signing below, I agree that this authorization can be terminated by written notification only and has a 1 week period processing from date received by WellKind School for Early Learners. By signing below, I agree to the conditions set forth and to follow the rules and policies of WellKind School for Early Learners. I hereby also agree to indemnify and hold WellKind School for Early Learners harmless from all costs, including attorney’s fees, damage or claims related to your action in refusing payment, including claims of any joint account holder, payee, endorsee, or failing to cancel or process an item as a result of incorrect information provided by you.

By signing below I certify that the information I have given on the ACH authorization is complete and true.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_