



HOPE Preschool
43454 Crossroads Drive, Ashburn VA 20147
703-729-HOPE (4673)

ACH Recurring Payment Authorization Form (2018-19 School Year)

Schedule your payment to be automatically deducted from your checking or savings account.

****Please attach a VOIDED check to this form****

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges
- Automatic draft payments will occur for 8 consecutive months and will automatically cancel at the end of the school year. (The first payment is due August 1st and must be paid by check or exact cash.)

Here's How Recurring Payments Work:

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

Please complete the information below:

I _____ authorize HOPE Preschool to charge my bank account below
 (full name)

on the 1st of each month, beginning _____ and continuing through _____, in the amount of \$ _____.

Student's Name: _____

Class: _____

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Checking Savings
 Name on Acct _____
 Bank Name _____
 Account Number _____
 Bank Routing # _____
 Bank City/State _____



I understand that this authorization will remain in effect until cancelled in writing and I agree to notify HOPE 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 periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 ANY reason, (Non-Sufficient Funds (NSF), cancellation without notification), I understand that I will incur a \$35 charge. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

Office Use Only:

of Occurrences: _____
 Beginning Month: _____ through Ending Month: _____
 Date Entered into System: _____