RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

Complete and return this form to:

Aldersgate Academy
1741 Sayles Blvd.
Abilene, TX 79605
(325) 677-1045

ELECTRONIC FUNDS TRANSFER AUTHORIZATION
(Please Print)

I authorize Aldersgate Academy, 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 Aldersgate Academy to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Aldersgate Academy 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.

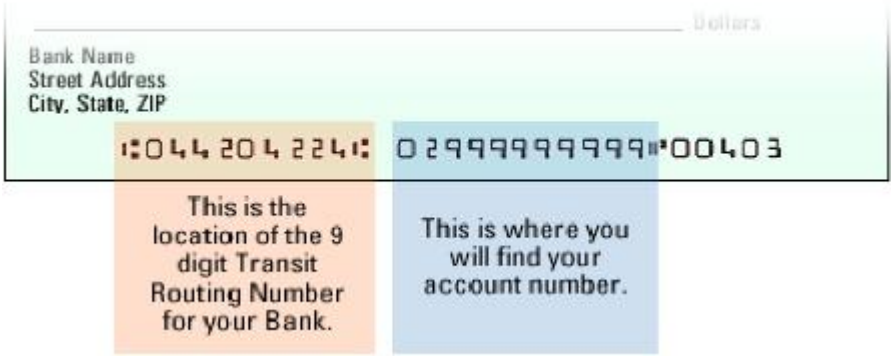
Account Holder's Name:		**Phone:**
Email:		
Children Names (if applicable):		
Please enter children names if the account holder's last name is different.		
Account Holder's Address:		
City:	**State:**	**ZIP Code:**
Bank/Credit Union Name:		
Bank/Credit Union Address:		
City:	**State:**	**ZIP Code:**
Bank Account Type: ☐ 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 Aldersgate Academy 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:	**Date:**

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

(Please attach a copy of a voided check below - deposit slips not accepted)



Childcare Manager RapidTuition
Processing Payments the Rapid Way!

(800) 553-2312
www.RapidTuition.com