



By signing this, you authorize regularly scheduled charges to your bank account for the amounts indicated below according to the payment schedule. 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.

I, (full name) _____, hereby authorize Hope Rising Preschool to draft my bank account for monthly tuition, and a supply fee of \$130 per student to be drafted twice per school year.

Payment schedule

\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Aug 10 tuition + supply fee(s)	Sep 10 tuition	Oct 10 tuition	Nov 10 tuition	Dec 10 tuition	Jan 10 tuition + supply fee(s)	Feb 10 tuition	Mar 10 tuition	Apr 10 tuition

Billing information

Address _____ City _____ State _____ Zip _____
Email _____ Cell # _____

Bank details

Name on account _____ Bank name _____
Checking Savings Account # _____ Routing # _____

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. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Hope Rising 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. I understand that if the funds are not available at the time of the transfer, I will receive notification from Gold Roots Accounting that the transfer could not be completed. I will then bring current the total amount due by making a credit card payment over the phone. Further, I agree not to hold Hope Rising Preschool responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution.

Date _____ Signature _____