

Recurring Tuition Payment Authorization Form

Schedule your payment to be automatically deducted from your bank checking or savings account. Just complete and sign this form to get started!

Please complete the information below:

I _____ (name as it appears on bank account) authorize Child Development Professionals of Colchester, Inc. d/b/a Town & Country Early Learning Centers to deduct tuition payments from my bank account indicated below.

TUITION PAYMENT OPTIONS

Weekly: EFT (Payments are drafted on MONDAYS)

***Monthly:** EFT

**Clients will receive an invoice on the first MONDAY of the month for the month's tuition. Payments are drafted on the first FRIDAY of each month. Payment is determined by the number of Mondays per month, times the weekly tuition.*

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking / Savings Account

Checking Savings

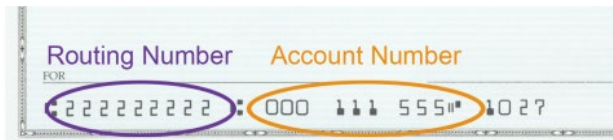
Name on Acct _____

Bank Name _____

Bank Routing # _____

Account Number _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Child Development Professionals of Colchester, Inc. d/b/a Town & Country Early Learning Centers 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Non-Sufficient Funds (NSF) I understand that Child Development Professionals of Colchester, Inc. d/b/a Town & Country Early Learning Centers may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. 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.