

ACH Authorization

Sign and complete this form to authorize **UCiC School and Learning Center** to make recurring debits to your checking/savings account in the amount indicated on your monthly invoice on the **4th of each month**. The charge will appear on your bank statement as an "ACH Debit". Please include a **voided check, or documentation verifying your account with your completed form**.

I (we) _____ (Full Name) authorize **UCiC School and Learning Center** to regularly charge my checking/savings account indicated below for the amount reflected in my invoice each billing month on the **4th day of each month**.

Billing Information

Name on Account _____ Child's Name _____

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Information

Checking Savings

Bank Name _____

Account Number _____

Routing Number _____

I understand that this authorization will remain in effect until I notify **UCiC School and Learning Center** in writing that I wish to terminate this authorization, or until the end of the 2021-22 School year. I understand that **UCiC School and Learning Center** requires at least **14 days** prior notice in order to cancel this authorization.

If the payment is rejected due to Non-Sufficient Funds (NSF), I understand that **UCiC School and Learning Center** may attempt to process the transaction again within 30 days, and I agree to an additional **\$25** charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

Name(s) _____

Signature _____ Date _____