

ACH AUTHORIZATION FORM



With ACH or Direct Payment, funds are withdrawn automatically from your account on a scheduled date. Your transactions are safe and confidential; money transferred electronically passes through fewer hands than a paper check. You are protected by federal consumer protection regulation and banking rules regarding electronic payments.

I authorize **New Creations Child Care and Learning Center** to initiate ACH (Automated Clearing House) debit entries to my checking/savings account. This authority will remain in effect until I notify New Creations in writing to cancel, which will take **30 days** to take effect. I can stop payment by notifying my financial institution at least three days before my account is charged. I may revoke my authorization with you at any time by writing to the address of the location my child attends.

Please note if your child is: _____ Full-time _____ Part-time _____ Drop-in

Your tuition will be debited weekly every **FRIDAY** for the next week's care. If you are on a part-time schedule and add a day(s) in a particular week, your director will confirm with you the amount that will be withdrawn for the added care / drop-in schedule. If your schedule changes, your director will issue you a new ACH form with the new tuition amount.

ACH Returns for Insufficient Funds: Should the ACH debit return to us due to insufficient funds (NSF), you will be charged a fee of \$30. We will retry the payment up to two additional times, according to ACH rules.

ACH Corrections: In the event that a debit error occurs through the processing of your direct debit, New Creations reserves the right to make a correction to the applicable account without notice.

Payment Changes: You will be notified 10 days before the regularly scheduled payment date.

Please complete this form. Attach a voided check. **Please SIGN this form**

(Name of Financial Institution)

(Branch)

(City)

(State)

(Zip)

(Customer Name - Please Print)

(Child(ren)'s Name)

(Customer Address - Please Print)

New Creations Location of Attendance (Andover, Big Lake, Blaine, Brooklyn Park, Crocus Hill, Lino Lakes, Maple Grove, or Ramsey)

Your tuition payment amount is \$ _____ per (circle one) day / week.

This amount will be debited each Friday for the following week of care.

Start date of this rate: _____ **TYPE OF ACCOUNT: (circle one) Checking / Savings**

Financial Institution Routing Number: _____ **Account Number:** _____

Signature

Date

A copy of this authorization was provided to the customer on: _____