## RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH



Complete and return this form to:

## **Future Scholars Early Learning Center**

1351 Route 38 West Building B Suite 1 Hainesport, NJ 08036 (609) 518-1333

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION (Please Print)

I authorize Future Scholars Early Learning Center, 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 Future Scholars Early Learning Center to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Future Scholars Early Learning Center 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.

United States law.						
Account Holder's Name:				Phone:		
Email:						
Children Names (if ap	plicable	e):				
Please enter children n	ames if	the account holder's	last na	me is different.		
Account Holder's Add	ress:					
City:	State:	State:		ZIP Code:		
Bank/Credit Union Name:						
Bank/Credit Union Ad	dress:					
City:		State:	State:		ZIP Code:	
Bank Account Type:	hecking 🔲 Savii	☐ Savings ☐ Business Ch		ecking		
Routing Number: (See Sample Below)				Account Number: (See Sample Below)		
This authorization will retermination. Notification your bank reasonable ti	n must b	e received 5 busines				
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)						
Dollars						
Bank Name Street Address City, State, ZIP						
		:044 204 224	0.5	9999999999	100403	
		This is the location of the 9 digit Transit Routing Number		his is where you will find your ccount number.		-

for your Bank.

