

# 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With ACH or Direct Payment, funds are withdrawn automatically from your account on a scheduled date.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a part-time schedule and add a day(s) in a particular week, your director will confirm with you the amount that will be withdrawn for the added care / drop-in schedule.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

Your tuition payment amount is \$ \_\_\_\_\_ per week.  
This amount will be debited each Friday for the following week of care.

Start date of this rate: \_\_\_\_\_ **TYPE OF ACCOUNT:**  Checking  Savings

**Financial Institution Routing Number:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**