

Automatic ACH Tuition/Donation Deduction Form

Form Date: 9/6/2013

I give permission for the Kirksville Child Development Center (hereinafter called the KCDC) to create an automatic

(Please choose only one per form.)

Monthly Tuition Payment

Monthly Donation

Family Information

Name:			
Street Address:			
City:	State:	ZIP Code:	
Phone:	e-Mail:		

I (we) hereby authorize the KCDC to initiate debit entries to my (our) checking account / savings account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account in case of error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of all applicable laws.

Your Bank Information

Name on Account:			
Depository Name:			
City:	State:	ZIP:	
Routing Number:	Account Number:		

ACH Withdrawal Information

Monthly Deduction Amount:
Please note these policies regarding ACH transfers:
<ul style="list-style-type: none">• Transfers will be made during the first week of the month.• You agree to maintain sufficient funds in your account to cover these automatic transfers.• If there aren't sufficient funds in your account to cover the transfer, you are responsible for any fees charged by your financial institution. For tuition payments, our bank's service charge will be added to any future tuition invoice.• Automatic tuition payments will end at the end of each school year.

This authorization is to remain in full force and effect until the KCDC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the KCDC and DEPOSITORY a reasonable opportunity to act on it.

Signature: _____

Date:

Please drop off or mail form to: Kirksville Child Development Center, 2805 S. Halliburton, Kirksville, MO 63501.