Authorization for ACH Tuition Drafting

I authorize Angels Daycare to initiate recurring automatic ACH withdrawals from the bank account listed below for child care tuition and related charges owed under my Parent/Provider Contract. This authorization remains in effect until cancelled in writing.

Child Care Account

Child Name(s): _____

Parent/Guardian or Payee Name: _____

Phone: _____ Email: _____

Bank Account Information

Name on Bank Account: _____

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type: ☐ Checking ☐ Savings

Monthly Draft Amount: $_____

Draft Start Date: _____ Draft End Date, if any: _____

ACH Terms

Tuition is drafted monthly on or after the 1st day of each month in advance of care. If the draft date falls on a weekend or bank holiday, the draft may be processed on the next business day.

I understand that I am responsible for keeping sufficient funds in the account and for keeping my bank information current. If a draft is returned, rejected, reversed, delayed, or not completed for any reason, the balance remains due in full.

Returned, failed, reversed, or rejected drafts may result in additional fees under the Parent/Provider Contract and may cause loss of any applicable prepaid or automatic payment discount for that month.

If the draft amount changes, Angels Daycare will provide notice before processing the changed amount as required by applicable law, banking rules, or the Parent/Provider Contract.

Cancellation

I may cancel this ACH authorization by giving written notice to Angels Daycare. To stop the next scheduled draft through Angels Daycare, written notice must be received at least three business days before the scheduled draft date.

Cancelling this ACH authorization does not cancel child care, does not serve as termination notice, and does not remove my responsibility to pay tuition, fees, or balances owed.

Required Attachment

Please attach one of the following for the account listed above: ☐ Voided check ☐ Official bank document ☐ Bank account verification form

Parent, Guardian, or Payee Authorization

By signing below, I confirm that I am authorized to use the bank account listed above and authorize Angels Daycare to initiate ACH withdrawals as described in this form.

Print Name: _____

Signature: _____ Date: _____