



Recurring ACH Payment Authorization

Date: _____

Child's Name (PRINT): _____

Parent's Name (PRINT): _____

I authorize regularly scheduled charges to my checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit".

I authorize Chapelwood/Fair Haven Day School to charge my bank account indicated below:

Amount: \$ _____ for my child's monthly tuition and fees/lunches/late payments, if applicable.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Fair Haven Day School of any changes in information. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Chapelwood/Fair Haven Day School may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$45.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment.

SIGNATURE _____ **DATE** _____

(Account Holder's Signature)