

LONDON BRIDGE BAPTIST PRESCHOOL and KINDERGARTEN

RECURRING BANK [ACH] PAYMENT AUTHORIZATION

You authorize regularly scheduled withdrawals from your bank 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". You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least ten [10] days prior to the payment being collected.

I, _____ [Parent/Guardian] authorize

London Bridge Baptist Preschool and Kindergarten to charge my bank account below for \$ _____

on the **15th of each month**. This payment is for monthly tuition and any before and/or after school care regularly enrolled. Each payment will be deducted on the 15th of the month prior to billing.

BILLING INFORMATION

Billing Address: _____

City, State, Zip: _____

Phone#: _____

Email: _____

BANK DETAILS

Account Type: _____ Checking _____ Savings

Account Holder's Name: _____

Bank Name: _____

Account Number # _____ Routing # _____

I understand that this authorization will take effect **August 2026 and will remain in effect through April 2027 [last payment]**, and I agree to notify London Bridge Baptist Preschool and Kindergarten, in writing, of any changes to my account, or my request to terminate this authorization at least fifteen [15] days prior to the next billing date. If the noted payment date of the 15th falls on a weekend or holiday, I understand the payment [s] may be withdrawn on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted payment date of the 15th. In the case of an ACH transaction being rejected for Non-Sufficient Funds [NSF], I understand that London Bridge Preschool and Kindergarten may, at its discretion, attempt to process the charge again within thirty [30] days. I agree to pay an additional charge of \$35 for each attempt that is returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of the bank account and will not dispute these scheduled transactions with my bank, so long as the transactions correspond to the terms indicated in this authorization form.

ACCOUNT HOLDER'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____