

ACH Authorization Form

12310 RANCH ROAD 620 NORTH • AUSTIN, TX 78750 • PH: 512.331.2075 • FAX: 512.257.0127 • INFO@AUSTINCHILDRENSACADEMY.ORG

Sign and complete this form to authorize and opt-in for AUSTIN CHILDREN'S ACADEMY (ACA) to initiate monthly scheduled electronic debit auto-draft from your checking/savings account. By signing this form, you give ACA permission to charge your account indicated on the date below.

STUDENT (1):	(FIRST NAME)	(LAST NAME)
STUDENT (2):		
• • •	(FIRST NAME)	(LAST NAME)
STUDENT (3):		
	(FIRST NAME)	(LAST NAME)
(FIRST & LAST NAME AS APP	EARS ON YOUR ACCOUNT)	uthorize AUSTIN CHILDREN'S ACADEMY to charge my
oank account indicated below t	for \$	on the $1^{\rm st}$ of each month. This reoccurring month (DATE)
payment is for my child's (child	dren's) ACA monthly tuition a	nd annual supply fee.
BILLING INFORMATION:		
Billing Address:		Phone:
City, State, Zip:		Email:
Bank Account Type:	☐ Checking ☐	Savings
Accountholder Name:		
Bank Name:		
20	8	
	FOR	Account Number
Account Number:		
Routing Number:		
SIGNATURE		DATE

I authorize Austin Children's Academy to charge the bank account indicated above on a reoccurring monthly basis. This payment authorization is for the goods/services described above, in the amount indicated above. I certify that I am an authorized accountholder of this bank account and that I will not dispute this payment with my creditor/bank. In case of insufficient funds, I am aware there is a \$35.00 charge back fee.

NOTICE: AUSTIN CHILDREN'S ACADEMY <u>must</u> be notified in writing (1) full calendar month prior to the next billing date (1st of each month) and must abide by all terms and agreements set by ACA in order to suspend this auto-draft method of payment. Failure to notify will result in a full payment for the upcoming monthly tuition including any outstanding balances and/or associated invoices. ACA reserves the right to charge this account for the failure of any future payments.