

RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

Complete and return this form to:



BellaVision Montessori School
 25358 Canyon Fields Dr
 Richmond, TX 77406
 (281) 212-3552

ELECTRONIC FUNDS TRANSFER AUTHORIZATION (Please Print)

I authorize BellaVision Montessori School, to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings Account for the purpose of collecting childcare related payments. I authorize BellaVision Montessori School to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize BellaVision Montessori School to use the third party sender, RapidTuition, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Account Holder's Name: _____ **Phone:** _____

Email: _____

Children Names (if applicable): _____

Please enter children names if the account holder's last name is different.

Account Holder's Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Bank/Credit Union Name: _____

Bank/Credit Union Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Bank Account Type: Checking Savings Business Checking

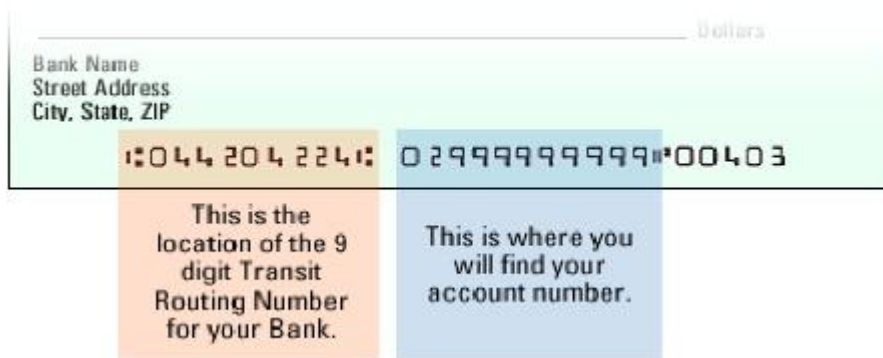
Routing Number: _____ **Account Number:** _____
 (See Sample Below) (See Sample Below)

This authorization will remain in full force and effect until I notify BellaVision Montessori School in writing of its termination. Notification must be received 5 business days in advance of termination date to permit RapidTuition and your bank reasonable time to act upon it.

Signature: _____ **Date:** _____

PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS

(Please attach a copy of a voided check below - deposit slips not accepted)



(800) 553-2312
www.RapidTuition.com