

# NEIGHBORHOOD CHILD CARE CENTER & PRESCHOOL

## ACH AUTHORIZATION FORM

Checking/Savings Account Holder Name: \_\_\_\_\_

**\*Please Attached Voided Check for Verification**

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_ (select one)

Bank Name: \_\_\_\_\_

Weekly Payment: \_\_\_\_\_

I hereby authorize Neighborhood Child Care Center & Preschool, LLC to draw the amount stated above from the account stated above each week for my tuition payment. I understand that the funds will draw from my account each Friday for the next week's tuition payment. In the event that I have given sufficient advanced notice of scheduled and available vacation requests, funds shall not be pulled for that specific upcoming week. In the event that I would like to stop payments being processed via ACH, I will provide 2 weeks advanced notice to Neighborhood Child Care Center & Preschool, LLC by sending an e-mail to: [nc3preschool@gmail.com](mailto:nc3preschool@gmail.com)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_