**ACH DEBIT** Authorization Form ***ACH***

**DEBIT**

NORCAL Music & Arts Center(NCMAC)

**E-Check Payment Plan Authorization**

Student Name 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Name 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Please print Last First Last First

Student Name 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Name 4: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Please print Last First Last First

Payment Plan Schedule: Please check boxes below and fill out the start date

Recurring Debit every: Month

Start Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_

Mo Day Year

Payment Date: Payment will be automatically debited the **1st** day of each month from your account.

Customer Bank Account Information:

Name on check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No: (\_\_\_\_\_) \_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Routing No (9 digits):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver License #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Exp Date:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

**Attach a voided check to this form**

**Payment Authorization**

I authorize Norcal Music & Arts Center to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service provided and bank reasonable opportunity to act (Minimum 30 days).

I understand that the amount varies each month depending on the balance shown on the statement I receive between the 20th – 25th day of each month. These amounts may include the following items but not limited to: Tuition Fees, Book Purchases, Recital Fees, Late Payment Fees.

All other changes such as bank account number change, will require a new ACH Debit payment Authorization Form to be filled out and submitted to Merchant 15 days prior to the next payment date. I understand that any E-Check payment cancelled by the Service Provider, Bank or Merchant due to NSF (Non-Sufficient Funds), I will be liable to pay a NSF fee of $10.00 plus a Returned Check Fee (RCF) of $25.00 to Norcal Music & Arts Center (Merchant) for each check returned by the bank, which will be automatically debited for each NSF & returned check.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized action hereunder.

Customer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Authorized Signature :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if Required by Bank)

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

**A voided check from customer’s bank account must accompany this Authorization form.**