**CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH DEBITS**

*To streamline the payment process, Bountiful Preschool uses Direct Payment via ACH for monthly tuition payments. Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making a payment. ACH debits are set-up through the Bank of North Dakota and will display on consumer accounts as Bountiful Preschool. All information is kept confidential. ACH transactions comply with all applicable laws.*

**Check one:**   Begin Payment  Change Information

I hereby authorize Bountiful Preschool to electronically debit my account as follows:

Checking Account /  Savings Account (select one)

Personal Account /  Business Account (select one)

at the financial institution named below:

Financial Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) on the Account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount for each debit (monthly tuition amount of $203 preschool or $240 pre-K): \_\_\_\_\_\_\_\_\_\_\_

Debits will occur on the final Friday of each month unless it falls on a holiday. In those cases, the debit will occur on the following business day.

I understand that this authorization will remain in effect unless I notify Bountiful Preschool in writing that I wish to revoke this authorization. I understand that Bountiful Preschool requires at least seven business days prior notice to cancel this authorization. If tuition is paid-in-full, and scheduled future debits remain, Bountiful Preschool will automatically cancel the remaining debits. If payment returns as non-sufficient funds, there will be a $40.00 charge added to that month’s tuition to cover preschool costs.

Name(s) on account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Please Print)*

Date: \_\_\_\_\_\_\_\_ Signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_