



HIGHLAND PRESBYTERIAN CHURCH NURSERY AND WEEKDAY SCHOOL

Recurring Payment Authorization Form

You can now authorize us to automatically deduct your tuition and/or extended play payments from your bank account as they come due. This is an ***optional*** service we are offering solely for your convenience. Just complete, sign, and return this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged for your tuition and/or your extended play payments as they come due.

TUITION

If you selected the 9-payment tuition option, payments will be deducted on February 15 (when deposits are due), and then on the 15th of each month from May 15 through January 15 of the following year.

If you selected the 3-payment tuition option, payments will be deducted on February 15 (when deposits are due), and then on May 15, September 15, and January 15.

EXTENDED/EARLY PLAY

Payments will be deducted on the due date(s) for your registration forms. Drop-in charges will be deducted within 5 business days of the drop-ins(s), or on the date you turn in your late registration form.

A receipt for each payment will be emailed to you once each payment is processed. You agree that no further prior-notification will be provided for each payment processed pursuant to this agreement.

Please complete the information below:

I, _____, authorize the HPC Nursery & Weekday School to process payment for my child(ren)'s (*select all that apply*):

Extended/early play charges

Tuition payments as they come due pursuant to the:

3-payment plan (May 15, Sept. 15, & Jan. 15), or the

9-payment plan (May 15, June 15, July 15, Aug. 15, Sept. 15, Oct. 15, Nov. 15, Dec. 15, & Jan. 15)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

ROUTING # _____

ACCOUNT # _____

ATTACH A VOIDED CHECK (OR A COPY) BEFORE RETURNING THIS FORM

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the HPC Nursery & Weekday School in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above-noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. Because ACH debits to my checking/savings account are electronic transactions, these funds may be withdrawn from my account as soon as the above-noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the HPC Nursery & Weekday School may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each attempt returned for NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____