

**Payment Plan ACH / Debit Authorization Form
Summer / Fall / Spring**

Parent's First Name	Parent's Middle Name	Parent's Last Name
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Student Name: _____

Summer Camp 2021

Please Skip this Section if Your Child is Not Attending Summer Camp

Start Date: June 28, 2021

End Date: July 19, 2022 (Date of Final debit withdrawal is July 19, 2021)

Please Deduct my tuition: (Select/Check your preferred option and insert the monthly or bi-monthly amount.)

Full (June 28, 2021) one payment for the 6 week camp tuition will be deducted on 6/28/21) \$ _____

Bi-Monthly (1/2 payment deducted June 28, 2021 & 1/2 deducted on July 19, 2021) \$ _____

Payment Amount \$ _____ (TOTAL Summer camp tuition owed) + (plus any applicable late fees \$10/day, past due amounts, late pick up fees, bounce check or returned ACH fees or accrued balances on your account which appear on your monthly invoice --which include field trips, T-shirt orders, etc. **if applicable**) will be deducted from your account. Tuition will be deducted on your agreed upon day as outlined above. In the event the transaction does not go through, LHLC will re-attempt withdrawal/ACH debit the following day or on a future date.

Note: Regular Fee Per ACH Transaction is \$0.00 Non-Sufficient Fund/ACH Return Fee \$35.00

Customer's Signature: _____ **Date:** _____

Fall School Year 2021/2022

Start Date: August 15, 2021 (Only 50% of monthly tuition is charged in August since the school year begins mid-month)

End Date: June 1, 2022 (Final debit withdrawal)

Please Deduct my tuition: (Select/Check your preferred option and insert the monthly or bi-monthly amount.)

Monthly (1st of each month) \$ _____ **OR** **Bi-Monthly** (1st and 15th of each month) \$ _____

(*Reminder: Bi-Monthly is not available June or December. The Full Tuition will be deducted on the 1st of the Month for June & Dec.

Payment Amount \$ _____ (monthly tuition) + (plus any applicable late fees \$10/day, past due amounts, late pick up fees, bounce check or returned ACH fees or accrued balances on your account which appear on your monthly invoice --which include field trips, T-shirt orders, etc. **if applicable**) will be deducted from your account. Tuition will be deducted on your agreed upon day as outlined above. In the event the transaction does not go through, LHLC will re-attempt withdrawal/ACH debit the following day or on a future date.

Total money due to LHLC/Service Provider for the school year is parent's applicable monthly tuition (as indicated on the current LHLC rate sheet) multiplied by 10.5 months (August - June) + (any applicable fees or accrued legitimate balances on your account which appear on your monthly invoice --which include field trips, T-shirt orders, etc. if applicable) **Note: Regular Fee Per ACH Transaction is \$0.00 Non-Sufficient Fund/ACH Return Fee \$35.00**

Customer's Signature: _____ **Date:** _____

Please Select one: **Checking Account** **Savings Account**

Bank: _____ Bank Address: _____ Phone () _____

Routing Number: _____ Account Number: _____

Address on check of Account holder: _____ City/State/ Zip Code Required: _____

(REQUIRED: Please Attach one voided check to this form)

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here and above. This authorization shall remain in effect until the Service Provider and bank receive written notification from the client and LHLC/LHLCA of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days), however, parents are responsible for tuition payment throughout the duration of their provider contract. I understand any added amounts to my tuition as stated on my invoice will also be automatically debited from my account which includes late pick up fees and past due amounts, late fees, bounced check fees, \$35 ACH non-sufficient funds (NSF) fees, or tuition balances unless parents provide payment in advance for the past due invoice.

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 *Little Hands Learning Center Academy* harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer's Signature: _____ Date: _____

Second authorized signature of bank account if required: _____ Date: _____

A cancelled or voided check from the customer's bank account must be stapled to this authorization form OR a Bank Letter Confirming Account Name/Account #/Bank routing #, OR a print screen from your Online portal with the information as we need to confirm the data included on this from. Thank you.