



# Louise Hayem Manheim GATES PRESCHOOL

## ACH AUTHORIZATION FORM 2022-2023

Complete and sign this form to authorize scheduled deductions to your checking or savings account or credit card. A 3% fee will apply to all credit or debit card payments. You will be charged the amount indicated each billing period. If you choose to pay tuition and child care fees in full prior to June 15, 2022, the 3% credit/debit card fee will be waived.

No prior notification will be provided unless the date or amount changes, in which case you will receive notice from Congregation Gates of Prayer at least 10 days prior to the payment being collected.

I \_\_\_\_\_ authorize Congregation Gates of Prayer to draft my bank account or charge my credit card as indicated below:

☐ **Tuition and Child Care—15th of each month**      ☐ **May—April**      ☐ **June—April**

Total amounts to be deducted from Bank Account or Credit Card:

Annual Tuition and Child Care \$ \_\_\_\_\_

3% Fee for Credit/Debit Card Charges ONLY \$ \_\_\_\_\_

TOTAL Annual Tuition, Child Care and Fees \$ \_\_\_\_\_

TOTAL divided by 11 months / 12 months \$ \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Bank Account

☐ Checking      ☐ Savings

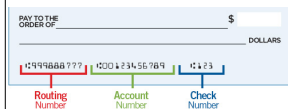
Name on Account \_\_\_\_\_

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

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Bank City/State \_\_\_\_\_



### Credit Card

☐ Visa      ☐ AMEX

☐ MasterCard      ☐ Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify CGoP in writing of any changes in my account information or termination of this authorization at least 15 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 ejected for Non Sufficient Funds (NSF) I understand that CGoP may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned 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 US 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 or credit card company; so long as the transactions correspond to the terms indicated in this authorized form.