

Little Hands Learning Center – Ma-Mère Institute
ACH AUTHORIZATION FORM For Weekly Tuition Charges

**Free, Safe & Convenient*

Parent's First Name <i>*As appears on Checking Account</i>	Parent's Middle Name	Parent's Last Name
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Student Name: _____

I (we) _____ hereby authorize **Little Hands Learning Center** to initiate weekly tuition charges and debit the weekly tuition & account balance owed from the below referenced checking account throughout my enrollment at *Little Hands Learning Center's - Ma-Mère Institute*. I authorize weekly tuition and account balances to be deducted every Friday or following business day throughout your enrollment period. In the event, the transaction does not go through, LHLC may re-attempt withdrawal the following day or on a future date. I understand that I must provide LHLC with 30 days written notice in the event I choose to withdraw my child. I authorize LHLC to debit my account for four (4) payment cycles from the date of notification.

Start Date: _____ (Specify Date)

Payment Amount for Debit \$ _____ (weekly tuition) + **any past due account balances (if applicable)**. In the event additional cost accrue on the account which may include late pick up fees, late payment fee, an authorized chaperone fee for field trip, T-shirt order, etc., I also authorize LHLC to combine the past due total to my weekly tuition balance for debit from my checking account (provided below) so that my account remains current with Little Hands Learning Center.

Regular Fee Per Transaction \$ _____ 0.00

Non-Sufficient Fund Fee \$ _____ 35.00 (Only if Funds are not available the first attempt)

**If LHLC is not able to deduct the tuition on the scheduled due date a \$35 non-sufficient fund fee will apply & \$10 per day late fee will accrue.*

Customer's Bank Information

Bank: _____ Phone Number : () _____

Address: _____

Routing Number: _____

Account Number: _____

Is this a Checking or a Savings Account? (Check one) Checking Savings Account

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 me 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 debited which includes late pick up fees (which are due at time of arrival or will be debited out of your account the following business day), late fees, bounced check fees, or tuition balances which will be automatically debited unless parents provide payment in advance for the past due invoice.

All other changes such as payment amount, frequency, bank account number change, will require a NEW Payment Authorization Form to be filled out and submitted to *Little Hands Learning Center* 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or *Little Hands Learning Center* due to NSF (Non-sufficient Funds). I will be responsible for a NSF fee of \$35.00 which may be automatically debited for each NSF transaction.

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* 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. Thank you.