

Knights Kids After-School Program Recurring Payment Authorization Form

Student Name(s):	
Parent Name(s):	
Billing Address:	
Mailing Address	
(If different than above)	
Phone Number:	
Email Address:	
	
AUTHORIZATION AGREEM	ENT FOR AUTOMATIC DEBITS (ACH DEBITS)
I authorize LA	AKE NORMAN CHARTER SCHOOL to charge my bank account
(full name)	
indicated below on the $\frac{28^{th}}{(day \text{ or date})}$ of each MONTH	I for payment of my KNIGHTS KIDS AFTER-SCHOOL TUTITION.
Account Type:	gs
Name on Acct	
Bank Name	Routing Number Account Number
Account Number	C22222222 : 000 111 555# 1027
Bank Routing #	
Bank City/State	PLEASE ATTACH A VOIDED CHECK
SIGNATURE	DATE

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **LAKE NORMAN CHARTER SCHOOL** in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment date falls 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction date. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that **LAKE NORMAN CHARTER SCHOOL** may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30 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 U.S. law. I certify that I am an authorized user of this 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.