

**ACH FORM**

**For security purposes and to keep your information secure, please return this form and voided check to the Weekday School office (please do not email)**

Cedar Springs Weekday School Auto Pay Authorization Form

I hereby authorize Cedar Springs Presbyterian Church to initiate automatic deductions from my bank account for payment for Cedar Springs Weekday School Tuition and fees.

These automatic deductions are to occur:

- Monthly: 1<sup>st</sup> of each month
- Bimonthly: 1<sup>st</sup> and 15<sup>th</sup> of each month (1/2 of the monthly amount)

I would like my deduction to be withdrawn from my:

- Checking Account
- Savings Account

You **MUST** choose one of the following:

- I have attached a voided check to this form
- OR**
- Use current account ending in \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ . *(must be actively and currently enrolled in Weekday School ACH)*

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Responsible Party Name: \_\_\_\_\_

Email(s) to receive billing statements \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Please initial:

\_\_\_\_\_ **I understand that any late pickup fees, badge fees, NSF fees, late payment fees, and curriculum workbook fees will be withdrawn from this account via ACH.**

\_\_\_\_\_ **This authorization shall remain in effect until I notify Cedar Springs in writing that I wish to terminate or change the agreement, which I may do at any time. I understand that the rates may change due to a change in the school schedule and any credits/additional charges will be applied to my account. Also, I understand that the rates may change during the time my child is enrolled in the WDS program and that I will receive notification prior to any increase in rates. I further understand that I will be charged a \$10 NSF/Closed account fee and a late payment fee if my Auto Pay payment is returned to CSPC for any reason. After 2 returned payments, I will be required to make other payment arrangements for the remainder of the school year.**

Please show signature(s) below as required on checks issued against account.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Please allow 2 weeks for implementation, change or termination of the ACH payment option.**