Recurring ACH Payment Authorization

HeartSong Montessori offers families the option to direct ACH tuition payments on a recurring basis. By completing and signing this form, you are granting HeartSong your permission to set up auto-payment per the amount and schedule indicated below. There is no additional fee for this service.

Tuition in the amount of $_____.00 shall be charged every month on the _____ day of the month (please select a date between the 1st and 15th of the month).

Select bank account type:
☐. Checking   ☐ Savings

Bank Name: _____

Account Number: _____

Routing Number: _____

By signing this form, you agree and acknowledge that:
- A receipt for each payment will be provided and the charge will appear on your bank statement as an "ACH Debit".
- No prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least ten (10) days prior to the payment being collected.
- This authorization will remain in effect until I cancel it in writing at: contacttheartsong@gmail.com
- It is my responsibility to update HeartSong Montessori of any changes in my account information or termination of this authorization at least fifteen (15) days prior to the next billing date.
- Because ACH payments are electronic transactions, funds may be withdrawn from my account as soon as the above noted periodic transaction dates.
- In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF) I understand that HeartSong Montessori may at its discretion attempt to process the charge again within 30 days, and I will be assessed an additional $20.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment.
- 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.

Name of authorizer: _____

Email address (used for billing receipts and notifications): _____

SIGNATURE _____   DATE _____
            (Account Holder's Signature)