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## **ACH Withdrawal Authorization Agreement FAQ's**

**WHAT ARE ACH PAYMENTS?** ACH payments are automatically withdrawn on your regular billing date. You may choose to have your account drafted monthly or bi-monthly. If your billing date falls on a weekend or holiday, the payment is withdrawn on the next business day. Only the regularly scheduled payment is withdrawn automatically via ACH withdrawals, unless you agree to an additional sum. Any additional charges or fees you may owe must be paid separately.

**WILL I STILL RECEIVE A BILLING STATEMENT?** Yes, you will receive a billing statement for the full term of your tuition contract. Once you have been enrolled in the ACH program, your statement will reflect your payments made.

**WHAT IF I CHANGE BANKS?** If you change banks after enrolling in the ACH service, please contact us at (803) 345-9428 and request a new enrollment form.

**WHAT HAPPENS IF AN ACH PAYMENT IS REJECTED?** ACH withdrawals may be rejected by your bank because of insufficient funds, closed or unauthorized accounts or other reasons. Your ACH payment will not be credited to your Abner Montessori / Sky After School account if the payment is returned by your bank for any reason. Please note that in the event of a rejection due to insufficient funds, Abner Montessori / Sky After School reserves the right to re-present this payment after 3 calendar days unless you give Abner Montessori / Sky After School notice within 2 calendar days of the rejection. Abner Montessori / Sky After School reserves the right to terminate your participation in this service at any time.

**WHAT HAPPENS IF SOMETHING UNEXPECTED HAPPENS WITH OUR FINANCIAL SITUATION?** We understand unexpected situation happen that can effect a families ability to pay for service. Once enrolled for ACH withdrawals, we will make a good faith effort to help schedule payments to address unexpected hardships. To insure you account is not drafted, you must contact us at least (5) days before the next schedule ACH will be withdrawn. This adjustment will not reduce the families financial obligation to the school.

**HOW DO I ENROLL?** Complete this ACH withdrawal Authorization Agreement and return it to us. (Please allow fifteen (15) days for your account to be set up for ACH withdrawals. Please make your regularly scheduled payment(s) in the meantime. Your Abner Montessori / Sky After School account must be current in order to enroll in this service.)

# Abner Montessori School / Sky After School ACH Authorization Form

## CUSTOMER INFORMATION

NAME: \_\_\_\_\_  
(Please Print or Type)

SSN (Last Four Digits): \_\_\_\_\_

Please select all ACH draft plans that apply.

I hereby authorize **Abner Montessori**

To initiate: [ ] debit / drafts & credits / payments

To my: [ ] checking account [ ] savings account

In the amount equal to the account balance due for the agreed terms of Abner (circle one) monthly / twice monthly.

I hereby authorize **Sky After School**

To initiate: [ ] debit / drafts & credits / payments

To my: [ ] checking account [ ] savings account

In the amount equal to the account balance due for the agreed terms of Sky every two weeks.

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. Payments will end when financial obligations are met by both parties.

I also authorize the financial institution named below to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

ACCOUNT INFORMATION  
Please attach a voided check.  
or

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

\_\_\_\_\_  
Bank Account

### Cancellation Agreement

This authority will remain in full force and effect until the stated period above or such time as Abner Montessori School / Sky After School has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

Signature of account owner: \_\_\_\_\_ Date \_\_\_\_\_