



HOPE Preschool
43454 Crossroads Drive, Ashburn VA 20147
703-729-HOPE (4673)

ACH Recurring Payment Authorization Form (2024-25 School Year)

Schedule your payment to be automatically deducted from your checking or savings account.

****Please attach a VOIDED check to this form****

Here's How Recurring Payments Work:

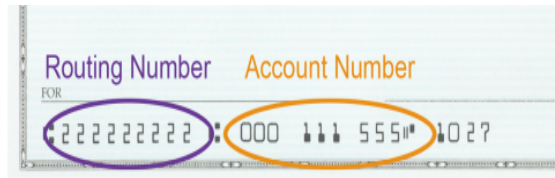
You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. For students starting school after September 1, 2024, payments will continue through May 1, 2025. Automatic draft payments will automatically cancel at the end of the school year.

Please complete the information below:

I _____ authorize HOPE Preschool to charge my bank account below on the 1st of
 (full name)
 each month, beginning _____ and continuing through _____, in the amount of
 \$_____.

Student's Name: _____ Class: _____
 Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Account Type: Checking Savings
 Name on Acct _____
 Bank Name _____
 Bank Routing # _____
 Account # _____
 Bank City/State _____



I understand that this authorization will remain in effect until canceled in writing and I agree to notify HOPE Preschool in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 ANY reason, (Non-Sufficient Funds (NSF), cancellation without notification), I understand that I will incur a \$35 charge. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____

Office Use Only:

of Occurrences: _____
 Beginning Month: _____ through Ending Month: _____
 Date Entered into System: _____ Date Deleted: _____