



Auto Payment Enrollment

Participation in the Center's ACH auto pay program is mandatory unless other payment plans are approved by the administration.

Date: _____

Name: _____

My first ACH payment will be deducted in advance of care on Friday before my first tuition period, and biweekly on Fridays thereafter. **My enrollment date is:**

***I understand that I will receive an invoice during the week prior to my payment processed on Friday. Furthermore, I understand that my tuition and any additional fees (field trips/late pick up fees etc...) will be included on my invoice and included in the amount deducted in my automatic payment.*

Name of Bank/Financial Institution: _____

Type of account: (checking/saving) _____

Name on Account: _____

Bank Routing Number: _____

Bank Account Number: _____

I understand that my auto payments will be processed internally by BCEC staff. Furthermore, I understand that if I should choose, I will have the **flexibility to temporarily suspend a payment by sending an** email to leah@bilingualchildcare.com no later than Thursday evening prior to the Friday processing date.

I understand that my personal financial and banking institution information will be maintained confidential and secure.

Signature

Date