



## 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 on the Friday in advance of the tuition period I will begin attendance, and bi-weekly on Fridays thereafter. **My first date of attendance is:**

---

*\*\*I understand that I will receive an invoice during the week my payment is due. 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 with 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](mailto: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