



## ACH WITHDRAWAL AUTHORIZATION

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Classroom

### I have chosen to pay my monthly tuition through ...

- Automatic draft from my checking account

Attach voided check here

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

- Automatic draft from my savings account

Attach savings deposit slip here

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Savings Account Number: \_\_\_\_\_

I authorize The Learning Gardens Child Development Center to process the monthly tuition, and any other applicable fees in accordance with the terms of The Learning Gardens enrollment agreement and policy manual. Monthly tuition is determined by the classroom(s) in which your child(ren) are enrolled. Half of the tuition will be withdrawn on the 1<sup>st</sup> of the month. The second half will be withdrawn on the 15<sup>th</sup>.

I will be informed of any changes in tuition rates thirty (30) days prior to the different amount being withdrawn from my account.

I will be informed of any additional charges included enrollment fee, security deposit, materials fee, extended hours fee and late pick up fee on the 5<sup>th</sup> of each month. If not paid by check, the outstanding fee(s) will be withdrawn from my account on the 25<sup>th</sup> of that same month.

By signing, I am agreeing to the terms stated above.

\_\_\_\_\_  
Parent/Guardian Name Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name Printed