

RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH DEBIT

Complete and email this form to:

Bookkeeper@Part2Kids.com

or mail it to:

The Afterschool Collaborative, LLC

PO BOX 1133

Williston, VT 05495

I authorize The Afterschool Collaborative, LLC, to initiate recurring ACH charges to the below referenced account for the purposes of collecting childcare related payments. I authorize The Afterschool Collaborative, LLC to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize The Afterschool Collaborative, LLC to use the third party sender, Bambora, to process all payments.

ACCOUNT NAME _____

CHILD(REN)'S NAMES: _____

EMAIL: _____

PHONE: Home: _____ Cell: _____

BILLING ADDRESS: _____

CITY / STATE / ZIP: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

TYPE OF ACCOUNT

☐ Checking Account

☐ Savings Account

START DATE FOR ACH PAYMENTS:

☐ Immediately

☐ Start Date: _____

SIGNATURE: _____

DATE: _____