

February 25, 2024

Dear Toddler Time Families:

Automatic Tuition Payments [ACH debits] is the preferred way to make your monthly payments. This procedure will authorize the Kirk of the Hills to directly charge your bank account for payment of your tuition. This is identical to the way automatic mortgage payments and auto loans are processed. The Business Office does need a new Bank Form for each fiscal year, so please submit this form, even if you already submitted one for the previous school year.

If you wish to utilize the Automatic Tuition Payment, you will need to:

1. Fill out the attached direct payment informational form.
2. Attach a voided check (not deposit slip) for your account.
3. Allow two weeks for the transaction testing that needs to take place for each new direct payment before actual payments are made. Your form will need to be received by the 15th day of the month immediately prior to the month in which you want your automatic payments to begin.
4. Submit the completed informational form and voided check to Carrie Spencer in the Church Office.

If you have any questions, please contact me.

In His Service,

2024-2025

The Kirk of the Hills Toddler Time

Please provide the information requested below and attach a regular check with VOID written across it.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize The Kirk of the Hills PCA, hereinafter called COMPANY, to initiate debit entries to my, indicated below, at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Account
Number _____ Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name (s) _____ Date _____

Signatures _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE MANNER SPECIFIED IN THE AUTHORIZATION.

For Office Use Only

Toddler Time Session

Age:	2s	3s	
Program	1 day	2 days	3 days

Monthly Withdrawal Amount: \$110 \$200 \$295

Withdrawal Dates: Sept 1 - May 1 Other _____