RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH



Complete and return this form to:

Endless Discoveries CDC Operation # 854465

823 Towne Court Saginaw, TX 76179 (682) 286-9662

ELECTRONIC FUNDS TRANSFER AUTHORIZATION (Please Print)

I authorize Endless Discoveries CDC, to initiate either an electronic debit, or create and process a demand draft against my Checking or Savings Account for the purpose of collecting childcare related payments. I authorize Endless Discoveries CDC to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Endless Discoveries CDC to use the third party sender, RapidTuition, to process all payments. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Account Holder's Name:						Phone:		
Email:								
Children Names (if a	pplicable	e):						
Please enter children	names if	the accoun	nt holder's la	st nam	e is different.			
Account Holder's Address:								
City:			State:			ZIP Code:		
Bank/Credit Union Name:								
Bank/Credit Union Address:								
City:				State:		ZIP Code:		
Bank Account Type: Checking			Saving	s 🗌	Business Checking			
Routing Number: (See Sample Below)					Account Number: (See Sample Below)			
This authorization will remain in full force and effect until I notify Endless Discoveries CDC in writing of its termination. Notification must be received 5 business days in advance of termination date to permit RapidTuition and your bank reasonable time to act upon it.								
Signature:					Date:			
PLEASE KEEP A COPY OF THIS AUTHORIZATION FOR YOUR RECORDS								
(Please attach a copy of a voided check below - deposit slips not accepted)								
	Bank Name Street Address City, State, ZIP							
		1:0442	<mark>02999999999999999999999999999999999999</mark>		9999999999	99"*00403		
	0	location digit	is the n of the 9 Transit Number	v	s is where you vill find your count number.			



for your Bank.

(800) 553-2312 www.RapidTuition.com