



ACH Authorization Form

I authorize Alliance for Women and Children to withdraw funds from the account listed below. I understand this authorization will remain in effect for the entire school year unless I cancel it. I agree to notify Alliance for Women and Children, in writing, to terminate this authorization, which must be at least 10 days prior to the next billing date. If the payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day.

If an ACH transaction is rejected for Non-Sufficient Funds (NSF), I understand that I will forfeit the "On-Time Discount" and a NSF fee of \$20 will be added to my account.

Tape Voided Check Here

*A voided check or letter from your bank with account and routing numbers **must** be attached*

Name on Account: _____

Child/Children Names: _____

Monthly Fee: \$ _____ less \$5 discount = \$ _____

Month to begin draft (October – April): _____

Preferred date to draft, indicate with a checkmark (✓):

_____ 4th business day of the month _____ 15th of the month _____ Split payment

Signature _____ Date _____
(Account Holder's Signature)

Accounting Use Only

Beg Month _____ Mid Month _____

Entered in system: _____ Withdrawn: _____