

RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

Complete and return this form to:



Oakhurst Learning Center

13233 102nd Ave. N
Largo, FL 33774
(727) 596-3411

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

(Please Print)

I authorize Oakhurst Learning Center, 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 Oakhurst Learning Center to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Oakhurst Learning Center 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:

Children Names (if applicable):

Please enter children names if the account holder's last name 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 Savings Business Checking

Routing Number:

(See Sample Below)

Account Number:

(See Sample Below)

This authorization will remain in full force and effect until I notify Oakhurst Learning Center 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)

_____ Dollars	
Bank Name Street Address City, State, ZIP	
⑆044 204 224⑆	02999999999⑆00403
This is the location of the 9 digit Transit Routing Number for your Bank.	This is where you will find your account number.



(800) 553-2312
www.RapidTuition.com