



**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Company Name       **PRESCHOOL AT THE RIDGE**      

Company ID Number       **46-4555207**      

I (we) hereby authorize **PRESCHOOL AT THE RIDGE**, hereinafter called COMPANY, to initiate debit entries to my (our)  **Checking Account** /  **Savings Account (select one)** indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

**I (we) authorize **PRESCHOOL AT THE RIDGE** to debit my account for tuition payments. Please choose an option.**  
(Please note: September tuition must be paid at [www.ridgelife.org](http://www.ridgelife.org) – this form is for Oct. – May payments only)

\_\_\_ 1<sup>st</sup> of every month for the 2022-2023 school year. Payment schedule:

- |  |               |
|--|---------------|
| September 2022*  | January 2023  |
| *this payment applied to May 2023 (last month tuition) | February 2023 |
| October 2022   | March 2023    |
| November 2022  | April 2023    |
| December 2022  |               |

**3's - \$180 / month      4's - \$225 / month      5's - \$370 / month**

\_\_\_ Pay full year tuition (Oct-May) – Debited on September 15, 2022

Tuition fees:  
3's - \$180 / month x 8 months = \$1,440  
4's - \$225 / month x 8 months = \$1,800  
5's - \$370 / month x 8 months = \$2,960

**I understand all tuition payments are non-refundable and will be charged \$10 for non-sufficient funds.**

Please sign for authorization on following page.

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 matter as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature \_\_\_\_\_

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