



MISSION HILLS SCHOOL
 2330 Pomar Vista Ave, Castro Valley, CA 94546
 Ph: 510.317.8627

ACH Recurring Payment Authorization Form

Here is How Recurring Payments Work:

You authorize regularly scheduled charges from your checking or savings account. For each month, you will be charged the amount indicated below. The charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from Mission Hills School at least 10 days prior to the payment being collected.

Student's Name (One form per child) _____ Grade _____

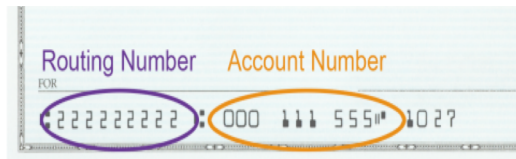
I _____ authorize **Mission Hills School** to charge my bank account the amount of \$_____ **monthly on the 3rd calendar day beginning 3, 2019 and ending June 3, 2020.**

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Mission Hills School in writing of any changes in my account information or termination of this authorization **at least 15 days prior to the next billing date**. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment will be executed on the **next business day**. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH (Automated Clearing House) transaction being rejected for any reason, I understand that Mission Hills School may, at its discretion, attempt to process the charge again within 30 days. **I agree to an additional \$35 bank charge plus a \$50 late fee charge(s)** for each attempt for returned ACH, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Initial: _____

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Include a copy of a VOIDED check.
Name on Acct _____	
Bank Name _____	
Account Number _____	
Bank Routing # _____	
Bank City/State _____	



SIGNATURE _____ DATE _____

Entered by: _____ Date Entered: _____ # Payments _____