



MISSION HILLS MIDDLE SCHOOL
 250 Tamarack Drive, Union City, CA 94587
 Ph: 510.493.2189/Fax: 510.402.1086

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 Middle School at least 10 days prior to the payment being collected.

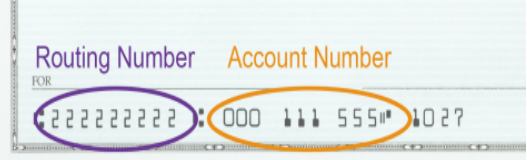
Student's Name (One form per child) _____ **Grade** _____

I, _____, authorize **Mission Hills Middle School** to charge my bank account \$ _____ **monthly** on the 3rd calendar day beginning ____/____/____ and ending ____/____/____ and \$ _____ for the annual **Supply & Technology fee one-time** on ____/____/____.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Mission Hills Middle 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 I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Middle 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 Street _____ Phone # _____
 City, State, Zip _____ Email _____

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

SIGNATURE _____ **DATE** _____