

RECURRING PAYMENT PLAN AUTHORIZATION FORM: ACH

Complete and return this form to:



Alaka'i Academy
 74-5565 Luhia St.
 CBU 1 Box #13
 Kailua-Kona, HI 96740
 (808) 331-8000

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

(Please Print)

I authorize Alaka'i Academy, 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 Alaka'i Academy to withdraw sufficient funds to pay my regular childcare fees that are due and payable. I authorize Alaka'i Academy 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:
Email:		
Children Names (if applicable):		
<i>Please enter children names if the account holder's last name is different.</i>		
Account Holder's Address:		
City:	State:	ZIP Code:
Bank/Credit Union Name:		
Bank/Credit Union Address:		
City:	State:	ZIP Code:
Bank Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Business Checking		
Routing Number: <i>(See Sample Below)</i>		Account Number: <i>(See Sample Below)</i>
This authorization will remain in full force and effect until I notify Alaka'i Academy 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)

