



# ACH Recurring Payment Authorization Form

Schedule your payments to be automatically deducted from your checking or savings account. Just complete and sign this form to get started! **1 application only, even if you have more than 1 child.**

### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

I hereby authorize Le Lycee Francais de San Diego (LFSD) to initiate credit/debit entries to the bank/credit union account indicated below and further authorize my bank/credit union to debit the same to such account in accordance to the Tuition form you returned to us selecting the payment plan (Plan A or B) and the months to be billed. **Plan A: 1 payment Plan B: 10 payments**

### Please complete the information below:

I \_\_\_\_\_ authorize LFSD to charge my bank account indicated below on the FIRST of each MONTH for **payment of my tuition bill and other school expenses. (Starting August 1<sup>st</sup> until Expiration date).**

Child(ren) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

|                 |                                   |                                  |
|-----------------|-----------------------------------|----------------------------------|
| Account Type:   | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Name on Acct    | _____                             |                                  |
| Bank Name       | _____                             |                                  |
| Account Number  | _____                             |                                  |
| Bank Routing #  | _____                             |                                  |
| Bank City/State | _____                             |                                  |



I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify LFSD 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 payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that LFSD may at its discretion attempt to process the charge again within 10 days, and agree to an additional **\$35 charge** for each attempt returned NSF 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 these scheduled transactions with my bank provided the transactions correspond to the terms indicated in this authorization form.

Authorization Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_

Name: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_\_